


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90005 021 ***150.00

DOCUMENT # P04000039685	
1. Entity Name SIGNATURE MARBLE & TILE, INC.	

DO NOT WRITE IN THIS SPACE

50000530

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4333 SILVER STAR ROAD Suite, Apt. #, etc. SUITE 120		3. Mailing Address 835 HAMMOCKS DRIVE Suite, Apt. #, etc.	
City & State ORLANDO, FL.		City & State OCFEE, FL.	
Zip 32808	Country USA	Zip 34761	Country USA

4. FEI Number 20-0813306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name JACQUELINE O'CONNOR	
	Street Address (P.O. Box Number is Not Acceptable) 835 HAMMOCKS DRIVE	
	City OCFEE	State FL Zip Code 34761

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JACQUELINE O'CONNOR 835 HAMMOCKS DRIVE OCFEE, FL. 34761	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HANNA SAADE 835 HAMMOCKS DRIVE OCFEE, FL. 34761	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHN P. OCONNOR 966 29th STREET VERO BEACH, FL. 32960	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacqueline O'Connor* **1/4/05** **407-299-6300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)