

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049085

1. Entity Name

GRANITE AND CABINETRY BY LUCAS, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90082 040 ***150.00

Principal Place of Business

Mailing Address

1775 S.W. BILTMORE STREET
PORT ST. LUCIE FL 34984

500 FARMERS MARKET ROAD
#17
FORT PIERCE FL 34982-6663



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 Farmers Market Road

3. Mailing Address

Suite, Apt. #, etc.
#17

Suite, Apt. #, etc.

City & State
Fort Pierce, FL

City & State

4. FEI Number 65-0424654

Applied For
Not Applicable

Zip
34982-6663

Country
US

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTS, EVA N
14214 VISTA DE LAGO BLVD.
WINTER GARDEN FL 34787

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LUCAS, HERBERT
STREET ADDRESS 148 NE NARANJA AVENUE
CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME LUCAS, MARIANNE
STREET ADDRESS 148 NE NARANJA AVENUE
CITY-ST-ZIP PT. ST. LUCIE FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/00

561-460-8719

CR2E034 (9/99)