

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90634 032 \*\*\*150.00

**DOCUMENT # P93000049085**

1. Entity Name  
**GRANITE AND CABINETRY BY LUCAS, INC.**



Principal Place of Business  
**500 FARMERS MARKET ROAD  
#17  
FORT PIERCE FL 34982-6663**

Mailing Address  
**500 FARMERS MARKET ROAD  
#17  
FORT PIERCE FL 34982**



2. Principal Place of Business  
**3333 S US Hwy 1**  
Suite, Apt. #, etc.

3. Mailing Address  
**3333 S US Hwy 1**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State 4. FEI Number **65-0424654** Applied For  
Not Applicable

Zip Country 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
**34982-6605** **34982-6605**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**LUCAS, HERBERT F**  
**148 NE NARANJA AVE**  
**PORT SAINT LUCIE FL 34983-8446**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State** 9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, HERBERT		NAME		
STREET ADDRESS	148 NE NARANJA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, MARIANNE		NAME		
STREET ADDRESS	148 NE NARANJA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL 34983		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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

**SIGNATURE:** Marianne Lucas **SIGNATURE REQUIRED** 3/14/03 772-879-9956  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)