

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040205

1. Entity Name

AUTHENTIC MARBLE, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90039 015 ***150.00

Principal Place of Business

Mailing Address

5070 N HWY A-1-A, SUITE 200
VERO BEACH FL 32963

5070 N HWY A-1-A, SUITE 200
VERO BEACH FL 32963-1216

2. Principal Place of Business

3. Mailing Address

670 8th Court

670 8th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

65-0496187

Applied For

Not Applicable

Zip

32962

Country

USA

Zip

32962

Country

USA

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

MOORE, JOHN E III
5070 N HWY A-1-A, SUITE 200
VERO BEACH FL 32963

Name

Susan Hofherr

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

670 8th Court

City
Vero Beach

FL

Zip Code
32962

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)

4/18/00
DATE

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	President/Director	Susan Hofherr	670 8th Court	Vero Beach, FL 32962	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	Secretary/Treasurer/Director	Wolfgang Hofherr	670 8th Court	Vero Beach, FL 32962	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> 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

SUSAN HOFHERR, PRES.

DATE

4/18/00 (861)567-5009

Daytime Phone #