## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # **P95000006487** 1. Entity Name T.H. WINSTON GRANITE & MARBLE, INC. 05-11-2000 91451 001 \*\*\*300 00 Principal Place of Business Mailing Address 4034 NORTH WASHINGTON BLVD. 4380 INDEPENDENCE COURT LINIT #1 UNIT #1 SARASOTA FL 34234 SARASOTA FL 34234-4711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 31-0820700 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACPHAIL, GORDON ---Street Address (P.O. Box Number is Not Acceptable) 4380 INDEPENDENCE COURT UNIT #1 SARASOTA FL 34234 City Zip Code Fl 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. & CEO Delete Change Addition TITLE MACPHAIL, GORDON NAME NAME STREET ADDRESS 4380 INDEPENDENCE COURT STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP President ☐ Delete TITLE TITLE Change ☐ Addition Paul MacPhail NAME 380 Independence Ct STREET ADDRESS STREET ADDRESS arasota, FL 34234 CITY-ST-ZIP CITY-ST-7IE Vice President Roy-Mac Phail ☐ Delete TITLE TITLE ▼ Addition ☐ Change NAME NAME 4380 Independence Ct STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3423 CITY-ST-ZIP icosota, FL ice President TITLE ☐ Delete TITLE Charige Addition Addition MacPhail NAME - HEEL ADDRESS STREET ADDRESS ST-ZIP CiTY-ST-ZIE ☐ Delete TITLE Change Addition NAME .... : ANDERES STREET ADDRESS ... ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME \_\_: \*DD0E55 STREET ADDRESS ST-ZIP CITY-ST-ZIP

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

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