

Amended

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

DOCUMENT # P95000056449. ---

1. Entity Name

MARBLE CONCEPTS INC.



ED

AM 8:34

FILED

03 NOV 14 AM 8:34

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100024708531
11/14/03--01047--TALLAHASSEE, FLORIDA

2. Principal Place of Business

523 PAUL MORRIS DR

3. Mailing Address

P.O. Box 56

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ENGLEWOOD FL

City & State

ENGLEWOOD FL

4. FEI Number

65 0595523

Applied For

Not Applicable

Zip

34223

Country

US

Zip

34295

Country

US

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES W. SMITH

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

2528 BRITANNIA RD

City

SARASOTA

FL

Zip Code

34231

**DO NOT WRITE
IN THIS SPACE**

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

James W. Smith

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

(NOTE: Registered Agent signature required when reinstating)

11/11/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	CHRISTINA H. SMITH
STREET ADDRESS	2528 BRITANNIA RD
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	VICE PRESIDENT-SECRETARY
NAME	JAMES W. SMITH
STREET ADDRESS	2528 BRITANNIA RD
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	VICE PRESIDENT
NAME	STUART C. SMITH
STREET ADDRESS	2528 BRITANNIA RD
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

James W. Smith

JAMES W. SMITH

11/11/03

941 475 2985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/02)