2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91142 008 ***150.00

DOCUMENT # P95000071124

1. Entity Name

MYSTIC GRANITE AND MARBLE, INC.

Principal Place of Business	Mailing Address
100 W. COLONIAL DR. ORLANDO FL 32801 US	100 W. COLONIAL DR. ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		200 E. Robinson Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 500	
City & State		City & State Orlando, Fl	
Zip	Country	Zip 32801	Country USA

4. FEI Number 59-3336876 ☐ Applied For ☐ Not Applicable

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
GARRETT, VANESSA 100 W. COLONIAL AVE. ORLANDO FL 32801	Name Florida Corporate Support, Inc. Street Address (P.O. Box Number is Not Acceptable) 200 E. Robinson Street Suite 500 City Orlando FL Zip Code 32801

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P DARLENE SPEZZI 100 W. COLONIAL DR. ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Darlene Spezzi 04/24/01 (407)872-7717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #