## 2002 Uniform Business Report (UBR)

## May 28, 2002 8:00 am Secretary of State **DOCUMENT #** P96000025264 1. Entity Name 05-28-2002 90729 044 \*\*\*150.00 T & R MARBLE RESTORATION & FLOOR CARE, INC. . Principal Place of Business Mailing Address 504 W LEELAND HEIGHTS BLVD COMMERCIAL CLEANING & FLOOR CARE LEHIGH ACRES FL 33936-6616 P.O. BOX 161 LEHIGH ACRES FL 33970 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0739982 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent-HUBBARD, ISABELLA Street Address (P.O. Box Number is Not Acceptable) 504 W LEELAND HEIGHTS BLVD LEHIGH ACRES FL,33936 City Zio Code a. The above named entity submits this statement for the purpose of chapging its registered office or registered agent, or both, in the State of Florida 9. This corporation is eligible to satisfy its Intangible FILE NOWIN FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fee OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE ☐ Delete TITLE Change ☐ Addition (9/01) NAME HUBBARD, ISABELLA S NAME STREET ADDRESS 504 W LEELAND HEIGHTS BLVD STREET ADDRESS CR2E034 CITY-ST-7IP LEHIGH ACRES FL 33938 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE · Delete TITLE · Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Date

Daytime Phone 6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**