

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026693

1. Entity Name

WEST PALM BEACH MARBLE, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90719 023 ***150.00

Principal Place of Business

944 ANDREWS AVENUE
W PALM BEACH FL 33405

Mailing Address

944 ANDREWS AVENUE
W PALM BEACH FL 33405-1352

2. Principal Place of Business

3. Mailing Address

1021 Paseo Morella
Suite, Apt. #, etc.

1021 Paseo Morella
Suite, Apt. #, etc.

City & State

WPB FL

City & State

WPB FL

Zip 33405

Country

Zip 33405

Country

4. FEI Number

65-0659368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUDSON, TODD
944 ANDREWS AVENUE
W PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name: Todd Hudson
Street Address (P.O. Box Number is Not Acceptable): 1021 Paseo Morella
City: WPB FL Zip Code: 33405

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)

5-30-00

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, TODD	
STREET ADDRESS	944 ANDREWS AVE.	
CITY-ST-ZIP	W PALM BEACH FL 33405	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKINNEY, THEODORE	
STREET ADDRESS	721 CHERRY ROAD	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, JAMES	
STREET ADDRESS	3108 RIDGEWAY AVE	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hudson, Todd	
STREET ADDRESS	1021 Paseo Morella	
CITY-ST-ZIP	WPB FL 33405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

Date

Daytime Phone #

5-30-00

CR2E034 (9/99)