

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91177 009 ***150.00

DOCUMENT # P97000000752

1. Entity Name

GRANITE AND MARBLE WORKS, INC.



Principal Place of Business

5278 TOWER WAY
SANFORD FL 32773-6215

Mailing Address

5278 TOWER WAY
SANFORD FL 32773-6215

2. Principal Place of Business

5245 Tower Way

3. Mailing Address

5245 Tower Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford FL

4. FEI Number

59-3420640

Applied For

Not Applicable

Zip

32773

Country

Seminole

Zip

32773

Country

Seminole

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

EBERHARDT, EDWARD V
5278 TOWER WAY
SANFORD FL 32773-6215

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

32773

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

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

After May 1, 2003 Fee will be \$550.00

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 D ☐ Delete
NAME EBERHARDT, EDWARD V
STREET ADDRESS 520 FOX HUNT CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Delete
NAME EBERHARDT, KRISTIN S
STREET ADDRESS 520 FOX HUNT CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Delete
NAME EBERHARDT, JON E
STREET ADDRESS 520 FOX HUNT CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Delete
NAME STONE, LARA A
STREET ADDRESS 520 FOX HUNT CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03

Date

407-478-1731

Daytime Phone #

CR2E034 (10/02)