

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2002 8:00 am
Secretary of State

08-22-2002 90002 040 ***150.00

DOCUMENT # P97000023843

1. Entity Name

ALL COUNTY MARBLE & TERRAZZO RESTORATION, INC.

Principal Place of Business

**8373 WINGED FOOT DRIVE
 FORT MYERS FL 33912**

Mailing Address

**8373 WINGED FOOT DRIVE
 FORT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

09-0644289

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

AMERILAWYER CHARTERED

343 ALMERIA AVENUE

CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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, 2002 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
**PSTD
 BURKHART, TIMOTHY P
 8373 WINGED FOOT DRIVE
 FORT MYERS FL 33912** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

01/05/02
 Date

941-433-5309
 Daytime Phone #

CR2E034 (9/01)

Timothy Burkhart



B0134850
H-797000023843

941-433-5309

Marble & Terrazzo Restoration Inc.

TO WHOM IT MAY CONCERN:

I AM WRITING THIS LETTER IN
RESPONSE TO A LATE NOTICE REGARDING
THE 2002 U.B.R.

AS STATED IN THE F.A.Q. SECTION;
QUESTION #8 REFERS TO A LATE FEE
WAIVER; IF THIS IS A FIRST NOTIFICATION
OF A LATE REPORT RECEIVED.

AS AN OFFICER OF MY COMPANY,
INDEED THE OWNER & SOLE EMPLOYEE; I
CERTIFY THAT THE ABOVE IS TRUE, AND
I RESPECTFULLY REQUEST THAT A LATE
FEE BE WAIVED. THANK YOU IN ADVANCE.

ENCLOSED PLEASE FIND MY CHECK FOR
\$150.00. SIGNED BY MYSELF AS TESTAMENT
TO THE TRUTH OF THIS LETTER.

J P B

8/18/02