

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027050

1. Entity Name

VICTORY MARBLE & GRANITE, INC.

Principal Place of Business

218-B SE 6TH AVE.
BOYNTON BEACH FL 33435

Mailing Address

4895 ELIZABETH ST
WEST PALM BEACH FL 33415-2038

2. Principal Place of Business

17656 122ND DR N

Suite, Apt. #, etc.

3. Mailing Address

17656 122ND DR. N.

Suite, Apt. #, etc.

City & State

JUPITER FL

City & State

JUPITER FL

Zip

33478

Country

Zip

33478

Country

4. FEI Number

65-0731619

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUFFY, ROBERT A
218-B SE 6TH AVE.
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

ROBERT A. GUFFY

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

17656 122ND DR. N

City

JUPITER

FL

Zip Code

33478

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, 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	P	<input type="checkbox"/> Delete
NAME	ROBERT A GUFFY	
STREET ADDRESS	218-B SE 6TH AVE	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MADELEINE A GUFFY	
STREET ADDRESS	218-B SE 6TH AVE	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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 #

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90076 050 ***150.00

10000000



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)