

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90109 029 ***158.75

DOCUMENT # P97000034499
1. Entity Name
STEVE LOCKE CLASSIC TILE & MARBLE, INC.



Principal Place of Business
**917-PREACHER CT
NAPLES FL 34104
US**

Mailing Address
**917 PREACHER CT
NAPLES FL 34104
US**

20009921



2. Principal Place of Business
277 PORTER ST.
Suite, Apt. #, etc.

3. Mailing Address
277 PORTER ST.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
NAPLES FL

City & State
NAPLES, FL.

Zip
34113

Country
COLLIER

Zip
34113

Country
COLLIER

4. FEI Number **59-3441965** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOCKE, STEVEN T
917 PREACHER CT
NAPLES FL 34104**

7. Name and Address of New Registered Agent
Name **"SAME" - STEVEN T. LOCKE**
Street Address (P.O. Box Number is Not Acceptable)
277 PORTER ST.
City **NAPLES** FL Zip Code **34113**

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.
PRESIDENT
SIGNATURE **Steven T. Locke - STEVEN THOMAS LOCKE** DATE **Jan. 14th, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P LOCKE, STEVEN T 917 PREACHER CT NAPLES FL 34104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCKE, STEVEN T 277 PORTER ST. NAPLES, FL 34113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Steven T. Locke - STEVEN T LOCKE - PRESIDENT - JAN. 14th 2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **(239) 353-0941**

CR2E034 (10/02)