

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0085174
AV

DOCUMENT # **P97000054441**



1. Entity Name
CUSTOM STONE & MARBLE, INC.

FILED

03 OCT 14 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03
 CHECK HERE IF MAKING CHANGES

Principal Place of Business
6773 E BOCA PINES TR
BOCA RATON FL 33433
US

Mailing Address
6773 A BOCA PINES TR
BOCA RATON FL 33433
US

2. Principal Place of Business
6773 E Boca Pines Tr.

Suite, Apt. #, etc.
Boca Raton

City & State
Boca Raton FLA.

Zip **33433** Country **U.S.A.**

4. FEI Number **65-0762614**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FERLAND, CLAUDE
6773 E BOCA PINES TRAIL
BOCA RATON FL 33433**

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERLAND, CLAUDE 6773 E BOCA PINES TRAIL BOCA RATON FL 33433	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**200023797802
10/14/03-01069-021 **150.00**

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.

CR2E034 (4/03)

SIGNATURE: *Clau* CLAUDE FERLAND 10-08-03 561-2395899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-08-03

Florida Department of State
To whom it may concern.

I am sorry I never receive it
before, you send that to
6773 "A" Boca Pine Tr.

I live at 6773 "E" Boca Pine Tr.

The people who give me the letter
are just back from up North they
live here only in Winter.

Thank you
Very much

Deanne Durand