

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90313 022 \*\*\*150.00

DOCUMENT # P97000067747

1. Entity Name

GRANITE & MARBLE EXPERTS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2136 17th St.

Suite, Apt. #, etc.

3. Mailing Address

4230 CASTLEBRIDGE LN

Suite, Apt. #, etc.

# 1821

City & State

SARASOTA, FL 34234

City & State

SARASOTA, FL

4. FEI Number

65-0774669

Applied For

Not Applicable

Zip

34234

Country

USA

Zip

34238

Country

USA

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

7. Name and Address of Current Registered Agent

Name CEZARY J. WLOKA

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

4230 CASTLEBRIDGE LN

# 1821

City

SARASOTA

FL

Zip Code

34238

**DO NOT WRITE  
IN THIS SPACE**

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)

3/28/03

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEZARY J. WLOKA  
4230 CASTLEBRIDGE LN, # 1821  
SARASOTA, FL 34238

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

DATE

(941) 928-1351

Daytime Phone #

CR2E037B (12/02)