


**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**

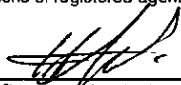
2. Principal Place of Business 2136 17th St.		3. Mailing Address 4230 CASTLEBRIDGE LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 1821	
City & State SARASOTA, FL 34234		City & State SARASOTA, FL	
Zip 34234	Country USA	Zip 34238	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0774669		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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.

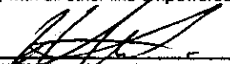
SIGNATURE  DATE 3/28/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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:  DATE 3/28/03 DAYTIME PHONE # (941) 928-1351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)