

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-07-2003 90150 002 ***150.00
07-18-2003 90081 047 ***241.25
07-07-2003 90150 001 ***158.75

DOCUMENT # P97000105271

1. Entity Name
RENAISSANCE MARBLE & GRANITE, INC.

Principal Place of Business
**901 APRICOT AVE
SARASOTA FL 34237**

Mailing Address
**3620 ASTER DR
SARASOTA FL 34233**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
901 APRICOT AVE.
Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State
SARASOTA, FL

Zip
34237

Country
USA

4. FEI Number **65-0811278**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**THOMSON, MORGAN
3620 ASTER DR
SARASOTA FL 34233**

7. Name and Address of New Registered Agent
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 *Morgan T. Thomson* (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 P	<input type="checkbox"/> Delete	TITLE THOMSON, MORGAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMSON, MORGAN		NAME	
STREET ADDRESS 3620 ASTER DRIVE		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34233		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE THOMPSON, JERRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, JERRY		NAME	
STREET ADDRESS 3620 ASTER DRIVE		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34233		CITY-ST-ZIP	
TITLE SEC	<input type="checkbox"/> Delete	TITLE THOMPSON, LINDA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, LINDA		NAME	
STREET ADDRESS 3620 ASTER DR		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34233		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Morgan T. Thomson* **SIGNATURE REQUIRED**

Signature and Typed or Printed Name of Signing Officer or Director

Date **7-2-3** Daytime Phone # **94952-1801**

CR2E034 (4/03)