## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## FILED DOCUMENT # P98000033380 Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** OLD WORLD MARBLE AND GRANITE, INC. 01-12-2000 90110 017 \*\*\*150.00 Mailing Address Principal Place of Business 400 RAVEN WAY 400 RAVEN WAY NAPLES FL 34110-1165 NAPLES FL 34110 3. Mailing Address 2. Principal Place of Business 6215 TAYLOR ROAD 6215 TAYLOR ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State NAPLES Applied For 4. FEI Number 65-0831377 FLORIDA FLORIDA Not Applicable Country V S A Country Zip 34109 \$8.75 Additional 5. Certificate of Status Desired 34109 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEAUDET, MARC R Street Address (P.O. Box Number is Not Acceptable) 400 RAVEN WAY NAPLES FL 34110 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. SAME AGENT RETAINED. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition Delete TITLE TITLE BEAUDET, MARC NAME NAME STREET ADDRESS STREET ADDRESS 400 RAVEN WY CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Addition ☐ Change ☐ Delete TITLE MARTIN, WILLIAM NAME STREET ADDRESS 204 CONNERS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34110 ☐ Addition TITLE TS Delete TITLE ALBERT, JIM NAME NAME STREET ADDRESS STREET ADDRESS 556 IBIS WAY CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if