

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90085 011 ***150.00

DOCUMENT # P98000033577

1. Entity Name

ORMOND MARBLE & GRANITE, INC.

Principal Place of Business

~~1524 STATE AVE~~ **395-13 Flomich ST**
HOLLY HILL FL 32117

Mailing Address

395 B FLOMICH AVE
HOLLY HILL FL 32117

2. Principal Place of Business

395-13 Flomich ST

3. Mailing Address

SAMUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holly Hill

City & State

FL

Zip

32117

Country

Volusia

Zip

32117

Country

Volusia

4. FEI Number

59-3503515

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGUIDICE, JOSEPH A

2441 BELEVUE AVE

DAYTONA BEACH FL 32114

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NEDEAU, KENNETH**
STREET ADDRESS **1524 STATE AVE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **D** ☐ Delete
NAME **O'SHAUGHNESSY, MICHAEL**
STREET ADDRESS **10 SA VIEW**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **S** ☐ Delete
NAME **NEDEAU, COREY**
STREET ADDRESS **1524 STATE AVE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)