

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000062359**

1. Entity Name
FLORIDA STONE & MARBLE, INC.

Principal Place of Business
**1540-5 MONUMENT RD
JACKSONVILLE FL 32225**

Mailing Address
**P.O. BOX 350956
JACKSONVILLE FL 32235-3956**

2. Principal Place of Business
Above.

3. Mailing Address
Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip _____ Country _____ Zip _____ Country _____

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

05-19-2002 90249 018 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3522386** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EDENFIELD, JERRY A
1701 CHANDELIER CR E
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent
Name **Same**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code **FL**

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**
NAME **EDENFIELD, JERRY A**
STREET ADDRESS **1701 CHANDELIER CR E**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Jerry Edenfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 904-733-9343
Date Daytime Phone #

CR2E034 (9/01)