

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-26-2004 90478'002'\*\*\*150.00

2004 SEP -8 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000087214**  
1. Entity Name **HARRIS Custom Marble & Granite Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3673 Exchange Ave**  
Suite, Apt. #, etc. **Suite #4**

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Naples FL**  
Zip  
**34104**

Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**65-0972946**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name **ERIC HARRIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1435 12th St N**  
City **Naples** FL Zip Code **34102**

BA OK per Mr. Eric Harris

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 **[Signature]**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE **President**  
NAME **ERIC HARRIS**  
STREET ADDRESS **1435 12th St N**  
CITY-ST-ZIP **Naples FL 34102**

TITLE **Vice President**  
NAME **Gina Harris**  
STREET ADDRESS **1435 12th St N**  
CITY-ST-ZIP **Naples, FL 34102**

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9/8/04

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)