

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089854

1. Entity Name  
PACIFIC MARBLE & GRANITE, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90204 011 \*\*\*150.00

Principal Place of Business  
3863 ENTERPRISE AVENUE  
NAPLES FL 34104

Mailing Address  
3863 ENTERPRISE AVENUE  
NAPLES FL 34104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
PACIFIC Marble + Granite Inc  
Suite, Apt. #, etc.  
3863 Enterprise Ave #10  
City & State  
Naples FLORIDA  
Zip  
34104  
Country  
Collier

3. Mailing Address  
PACIFIC Marble + Granite Inc  
Suite, Apt. #, etc.  
3863 Enterprise Ave #10  
City & State  
Naples FLORIDA  
Zip  
34104  
Country  
Collier

4. FEI Number 65-0906833  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PONCE, IVAN  
3863 ENTERPRISE AVENUE  
NAPLES FL 34104

## 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: IVAN PONCE DATE: May 1, 2001  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST PONCE, IVAN 3863 ENTERPRISE AVENUE NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONCE, IVAN 3863 ENTERPRISE AVENUE NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: IVAN PONCE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: May 1, 2001 DAYTIME PHONE: 941-403-8788

CR2E034 (10/00)