## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000010382 Apr 22, 2000 8:00 am Secretary of State ATLANTIC MARBLE INDUSTRIES, INC. 04-22-2000 90061 006 \*\*\*150.00 Principal Place of Business Mailing Address 201 22ND ST. N. 201 22ND ST. N. ST. PETERSBURG FL 33713-8812 ST. PETERSBURG FL 33712 3. Mailing Address 4750 PREEMONT 2. Principal Place of Business FREEMONT THERE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number POYPISBUT Not Applicable 59-35 \$8.75 Additional 5. Certificate of Status Desired Αکل Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen Name FRIEDMAN, PAUL Street Address (P.O. Box Number is Not Acceptable) 220 B 38TH ST. N. ST. PETERSBURG FL 33713 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition P/T/S/ D ☐ Delete TITLE TITLE NAME paul feiensmann STREET ADDRESS STREET ADDRESS W th Presence CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE JOHN FRIEDEMANN NAME NAME 6817 STONESTHOW CITCLE N APT 17102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETC, FI 23710 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

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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