

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033975

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90394 035 \*\*\*150.00  
 08-10-2000 90001 046 \*\*\*400.00

1. Entity Name

MINT MARBLE RESTORATION, INC.

Principal Place of Business Mailing Address  
 133 CAMDEN F SAME  
 WEST PALM BEACH, FL  
 33417

2. Principal Place of Business  
 133 CAMDEN F

3. Mailing Address  
 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 WEST PALM BEACH, FL

City & State

4. FEI Number  
 65-0934966

Applied For  
 Not Applicable

Zip Country  
 33417 PALM BEACH

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAIG VANCE  
 16639 REDWOOD WAY  
 WESTON, FL

Name  
 STEPHEN VANCE  
 Street Address (P.O. Box Number is Not Acceptable)  
 133 CAMDEN F  
 City  
 WEST PALM BEACH FL Zip Code  
 33417

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

*Stephen Vance*

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

(NOTE: Registered Agent signature required when reinstating)

6/28/2000  
 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, 2000 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 PD  
 NAME STEPHEN VANCE ☐ Delete  
 STREET ADDRESS 133 CAMDEN F  
 CITY - ST - ZIP WEST PALM BEACH, FL 33417

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

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 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME ☐ Delete  
 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 807, 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:

*Stephen Vance*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/2000  
 Date

Daytime Phone #