

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084285

1. Entity Name

GREAT BAY GRANITE, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90117 023 ***150.00

Principal Place of Business

Mailing Address

9550 93RD ST N
LARGO FL 33777

9550 93RD ST N
LARGO FL 33777-2119

000041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3596522

Applied For
Not Applicable

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

SAMEC, PAUL
9550 93RD ST N
LARGO FL 33777

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SAMEC, PAUL E
STREET ADDRESS 9550 93RD ST N
CITY-ST-ZIP LARGO FL 33777 ☐ Delete

TITLE VP
NAME SAMEC BARBARA
STREET ADDRESS 9550-93ST. N.
CITY-ST-ZIP LARGO FL 33777 ☐ Change ☒ Addition

TITLE VP
NAME SAMEC BARBARA
STREET ADDRESS 9550-93ST. N.
CITY-ST-ZIP LARGO FL 33777 ☐ Delete

TITLE S
NAME SAMEC MICHAEL
STREET ADDRESS 9550-93ST. N.
CITY-ST-ZIP LARGO FL 33777 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T
NAME KELTY STEVEN P.
STREET ADDRESS 3015-21 AVE S.
CITY-ST-ZIP ST. PETE FL 33712 ☐ 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/2000 (727) 458-7413