2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000084369** Sep 13, 2000 8:00 am Secretary of State DEPENDABLE MARBLE COMPANY 09-13-2000 90022 030 ***558.75 Principal Place of Business Mailing Address 2480 S.W. 87TH PL. 2480 S.W. 87TH PL. OCALA FL 34476 OCALA FL 34476 2. Principal Place of Business 3. Mailing Address 1603 N.E. 32nd 1603 N.E 32nd Ave Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable <u>Ocala,</u> Ocala, 59-3600320 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required **3**4470 USP7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Melinda Duska CARRASCAL, IRIS Street Address (P.O. Box Number is Not Acceptable) 6060 S. E. Hwy 314A 2480 S.W. 87TH PL. OCALA FL 34476 Zip Code Ocklawaha 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 _ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 - May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 🕅 Change ☐ Addition TITLE Delete President NAME NAME HACKETT, DARREL R Helen L. Lewis STREET ADDRESS STREET ADDRESS 603 KETTNER CT. 6040 S.E. Hwy 314A CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32086 Ocklawaha, FL 32179 Change Addition TITLE ☐ Delete TITLE Sect/Treasurer NAME NAME Darrel R. Hackett STREET ADDRESS STREET ADDRESS 2480 S.W. 87th Pl.Rd. CITY-ST-ZIP CITY-ST-ZIP Ocala, FL 34476 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

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

9-8-00 35