

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90027 016 ***150.00

DOCUMENT # *P99000093181*

1. Entity Name

CENTRAL FLORIDA MARBLE & GRANITE, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4424 34th ST. N.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

4. FEI Number

59-3609837

Applied For

Not Applicable

Zip

33714

Country

UNITED STATES

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Maria Petras

Street Address (P.O. Box Number is Not Acceptable)

6251 105th Ave. N.

City

Pinellas Park

FL

Zip Code

33782

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maria Petras *Maria Petras, President 7/8/04*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President
Maria Petras
6251 105th Ave N.
Pinellas Park, FL 33782

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Petras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04 *(727) 527-6100*
Date Daytime Phone #

CR2E034B (12/02)