

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90186 011 ***150.00

0048927

DOCUMENT # P99000103156

1. Entity Name

SHOWCASE GRANITE & MARBLE INC.

Principal Place of Business
230 W. MARVIN AVE., STE. 112
LONGWOOD FL 32750

Mailing Address
230 W. MARVIN AVE., STE. 112
LONGWOOD FL 32750

2. Principal Place of Business

Same As Above

3. Mailing Address

Same As Above



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3610836**

Applied For

Not Applicable

Zip

Country

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

GODINHO, AUGUSTA M
1882 REX CT.
LONGWOOD FL 32750

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

Augusta M Godinho

4-13-01

(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, 2001 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	0	<input type="checkbox"/> Delete
NAME	GODINHO, AUGUSTA	
STREET ADDRESS	1882 REX CT	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	0	<input type="checkbox"/> Delete
NAME	RODRIGUES, LAURA	
STREET ADDRESS	763 S EDMON AVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	0	<input type="checkbox"/> Delete
NAME	RODRIGUES, ANTONIO	
STREET ADDRESS	763 S EDMON AVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	0	<input type="checkbox"/> Delete
NAME	GODINHO, ANSELMO	
STREET ADDRESS	1882 REX CT	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Augusta M Godinho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-01 **407**
415-3297

CR2E034 (10/00)