

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90129 024 ***150.00

DOCUMENT # P99000104113

1. Entity Name
EUROMARBLE OF NAPLES, INC.

Principal Place of Business

Mailing Address

GRAND CYPRESS CIR., APT. 204
FL 34109

5338 GRAND CYPRESS CIR., APT. 204
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

5338 Grand Cypress Cir. 204
Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

City & State
NAPLES

City & State
NAPLES, FL

4. FEI Number
593611062

Applied For
Not Applicable

Zip
34109

Country
USA

Zip
34109

Country
USA

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

TOTH, ALEX
5338 GRAND CYPRESS CIR., APT. 204
NAPLES FL 34109

Name
ALEX TOTH

Street Address (P.O. Box Number is Not Acceptable)
5338 Grand Cypress Circle # 204

City
NAPLES

FL

Zip Code
34109

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOTH, ALEX
5338 GRAND CYPRESS CIR., APT. 204
NAPLES FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.20.00 (941) 821-4938
Date Daytime Phone #

CR2E034 (9/99)