

2001 UNIFORM BUSINESS REPORT (UBR)

0395631

DOCUMENT # P99000107045

1. Entity Name
SRI MARBLE & GRANITE, INC.

FILED

01 FEB 28 AM 11:54

910674
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3892 PROSPECT AVE.
NAPLES FL 34104

Mailing Address

3892 PROSPECT AVE.
NAPLES FL 34104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4720 Radio Road
Suite, Apt. #, etc.

3. Mailing Address

4720 Radio Road
Suite, Apt. #, etc.

City & State

Naples Florida

City & State

Naples Florida

4. FEI Number

59-3608155

Applied For

Not Applicable

Zip

34104

Country

Collier

Zip

34104

Country

Collier

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

SEWARD, W. BRYAN
3892 PROSPECT AVE.
NAPLES FL 34104

Name

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

4720 Radio Road

City

Naples

FL

Zip Code

34104

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEWARD, W. BRYAN
3892 PROSPECT AVE.
NAPLES FL 34104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500003802435-7
-03/06/01-01075-013
****158.75 ****158.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OBSTGARTEN, IRWIN
3892 PROSPECT AVE.
NAPLES FL 34104

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)