

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90229 019 ***150.00

DOCUMENT # P99000110922

1. Entity Name

BEDROCK GRANITE & MARBLE, INC.



Principal Place of Business

2900 FOREST HILL BLVD.
WEST PALM BEACH FL 33415

Mailing Address

2900 FOREST HILL BLVD.
WEST PALM BEACH FL 33415

2. Principal Place of Business

2535 Forest Hill Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2535 Forest Hill Blvd.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach, FL

Zip
33406

Country
Palm Beach

City & State
West Palm Beach, FL

Zip
33406

Country
Palm Beach

4. FEI Number
65-0970764

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAHANE, MICHAEL
1621 LAKESIDE DR
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name
Clahane, Michael

Street Address (P.O. Box Number is Not Acceptable)
2417 N. Federal Hwy.

City
Lake Worth

FL

Zip Code
33460

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

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

Michael Clahane, Pres. 1/15/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
PV
MARAZZO, RALPH
3585 S MILITARY TRAIL STE 505
WEST PALM BEACH FL 33415 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CLAHANE, MICHAEL
1621 NORTH LAKESIDE DRIVE
LAKE WORTH FL 33460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Clahane, Michael
2417 N. Federal Hwy.
Lake Worth, FL 33460 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/03 (561)963-7771

CR2E034 (10/02)