

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90173 005 ***158.75

DOCUMENT # S81458

1. Entity Name
L & T MARBLE OF CENTRAL FLORIDA, INC.



Principal Place of Business
3106 SE OVERBROOK DR
PORT SAINT LUCIE, FL 34952 US

Mailing Address
3106 SE OVERBROOK DR
PORT SAINT LUCIE, FL 34952 US

2. Principal Place of Business
621 S.W. McCoy Ave.
Suite, Apt. #, etc.

3. Mailing Address
621 S.W. McCoy Ave
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Port Saint Lucie FL.
Zip
34953
Country
US

City & State
Port Saint Lucie FL.
Zip
34953
Country
US

4. FEI Number
59-3082739

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BELLOWS, TERRY
3106 SE OVERBROOK DR
PORT SAINT LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name
BELLOWS, TERRY
Street Address (P.O. Box Number Is Not Acceptable)

621 S.W. McCoy Ave.
City
Port Saint Lucie **FL** Zip Code
34953

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

(NOTE: Registered Agent's signature required when reinstating)

5-2-03

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
P
NAME
BELLOWS, TERRY ☐ Delete
STREET ADDRESS
3106 SE OVERBROOK DRIVE
CITY-ST-ZIP
PORT SAINT LUCIE, FL 34952

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Terry Bellows* **Terry Bellows**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-03 7723360755
Date Daytime Phone #

CR2E034 (10/02)