

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91476 001 *****8.75
 03-29-2002 91476 002 ***150.00

0049158 AV

DOCUMENT # V17659

1. Entity Name
SOUTHERN MARBLE, INC.

Principal Place of Business Mailing Address
7932 MCELVEY P.O. BOX 18312
PANAMA CITY FL 32408 PANAMA CITY FL 32417
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3107635** Applied For
 Not Applicable

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

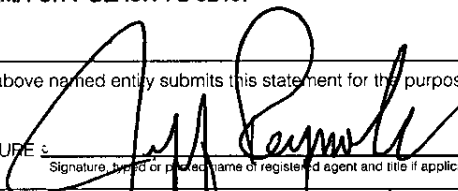
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYNOLDS, JEFFREY C.
1815 TURNER WOOD LANE
PANAMA CITY BEACH FL 32407

Name
Reynolds, Jeffrey C.
 Street Address (P.O. Box Number is Not Acceptable)
7932 McElvey Rd.
 City **Panama City Beach** FL Zip Code **32408**

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:  (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, 2002 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 **PD REYNOLDS, JEFFERY C.**
 STREET ADDRESS **329 FLOYD AVE**
 CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3540 E. 43rd St.**
 CITY-ST-ZIP **Panama City, FL 32404**

TITLE ☐ Delete
 NAME **VPS REYNOLDS, PATRICIA A**
 STREET ADDRESS **329 FLOYD AVE**
 CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3540 E. 43rd St.**
 CITY-ST-ZIP **Panama City, FL 32404**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:  **Patricia A. Reynolds** 3/5/02 850-234-0556
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)