2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P930000 E & MARBLE, INC.)26151		FILED Feb 01, 2000 Secretary of 02-01-2000 90114 034	8:00 am f State
Principal Plac	e of Business	Mailing Address			
4435 56TH AVE. TERR. EAST BRADENTON FL 34203		4435 56TH AVE. TERR. EAST BRADENTON FL 34203-6505		C0015217	11010 01101 11001 01101 1101 1001
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS	S SPACE
City & State		City & State		4. FEI Number 65-0401086	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
4435	6. Name and Address of Current , MICHAEL 5 56TH AVE. TERR. EAST DENTON FL 34203	Registered Agent	Name Street Addres	7. Name and Address of New Registered is (P.O. Box Number is Not Acceptable)	
SIGNATURE _ 9. This corpo Tax filing re	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND I	FILE NOW! After MAY 1, 20 Make Check Payab	Pegistered Office of registered Agent signature requirements of State of St	10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALI, MICHAEL 4435 56TH AVE. TERR EAST BRADENTON FL 34203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Cali, Kimberly A 4435 56th ave. Terr east Bradenton FL 34203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CHY-ST-ZIP	CALI, KIMBERLY A 4435 56TH AVE. TERR EAST BRADENTON FL 34203	E Delete	TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further co	Change Additio

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 | SIGNATURE AND TYPED OFF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Dat