2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001201

1. Entity Name

JOHN W. STONE INVESTMENTS, LTD.

FILED
02 JAN 22 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6230 CR 13 SOUTH HASTINGS FL 32145	P.O. BOX 74 HASTINGS FL 32145

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-3389027 ☐ 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
STONE, JOHN W 6230 CR 13 SOUTH HASTINGS FL 32145	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date	$1,400,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	STONE, JOHN W		
STREET ADDRESS	6230 CR 13 SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	HASTINGS FL 32145		
DOCUMENT #		STREET ADDRESS	900004830299--7 -01/28/02--01024--021
NAME	BENNETT, TOMMIE		
STREET ADDRESS	6230 CR 12 SOUTH	CITY-ST-ZIP	****526.75 ****526.75
CITY-ST-ZIP	HASTINGS FL 32145		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: John W. Stone 1-16-02 904-692-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (5/01)