

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005752

1. Entity Name

**BULLUS, STONE & ASSOCIATES, INC.**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90319 034 \*\*\*150.00

Principal Place of Business

**673 W. GRANADA BLVD.**  
**ORMOND FL 32174**

Mailing Address

**673 W. GRANADA BLVD.**  
**ORMOND FL 32174**

2. Principal Place of Business

*763 W. Granada Blvd.*  
*Suite B.*

3. Mailing Address

*763 W. Granada Blvd.*  
*Suite B.*

City & State

*Ormond Bch, FL*  
*32174* *USA*

City & State

*Ormond Bch FL*  
*32174* *USA*

4. FFI Number

*59-3618036*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.**  
**150 MAGNOLIA AVE.**  
**DAYTONA BEACH FL 32115-2491**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

(NOTE: Registered Agent signature not required when redesignating)

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, 2001 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

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>BULLUS, WILLIAM</b>           |                                 |
| STREET ADDRESS | <b>673 W. GRANADA BLVD.</b>      |                                 |
| CITY-STATE-ZIP | <b>ORMOND FL 32174</b>           |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>STONE, ERIC</b>               |                                 |
| STREET ADDRESS | <b>725 PRIMERA CT., STE. 135</b> |                                 |
| CITY-STATE-ZIP | <b>LAKE MARY FL 32746</b>        |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-STATE-ZIP |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-STATE-ZIP |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-STATE-ZIP |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-STATE-ZIP |                                  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/01* *904-673-2433*

CR2E034 (10/00)