2000 UNIFORM BUSINESS REPORT (UBR)

3/13/16/

FILED
May 24, 2000 8:00 am
Secretary of State
03-16-2000 90082 019 ***150.00

DOCUMENT # P97000083388

1. Entity Name

STONE CRAFTERS ARCHITECTURAL PRE-CAST STONE, INC

Principal Place of Business	Mailing Address
13144 PARK BLVD. #E SEMINOLE FL 33776	13144 PARK BLVD. #E SEMINOLE FL 33776

DO NOT WRITE IN THIS SPACE

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 59-3467458 ☐ 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
MELUCCI, DENNIS 13144 PARK BLVD. #E SEMINOLE FL 33776	Name: Dennis Melucci Street Address (P.O. Box Number is Not Acceptable): 441 113 Rd Ave City: Redington Shores FL **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: _____ 3-6-00
Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST MELUCCI, DENNIS 13144 PARK BLVD. #E SEMINOLE FL 33776	☐ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARY BOLYARD 13144 PARK BLVD #E SEMINOLE FL 33776	☐ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Vice Pres.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES HOLZWARTH 13144 PARK BLVD #E SEMINOLE FL 33776	☐ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 3-6-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #