

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90112 017 ***150.00

0135720 AT

DOCUMENT # **P97000083388**

1. Entity Name

STONE CRAFTERS ARCHITECTURAL PRE-CAST STONE, INC



Principal Place of Business

13144 PARK BLVD.

#E

SEMINOLE FL 33776

Mailing Address

13144 PARK BLVD.

#E

SEMINOLE FL 33776



2. Principal Place of Business

1603 S. MISSOURI AVE.

3. Mailing Address

1603 S. MISSOURI AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Clearwater, FL

Zip

33756

Country

USA

City & State

Clearwater, FL

Zip

33756

Country

USA

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

MELUCCI, DENNIS

441 173 RD AVENUE

REDINGTON SHORES FL

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MELUCCI, DENNIS
13144 PARK BLVD. #E
SEMINOLE FL 33776

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
BOLYARD, GARY
13144 PARK BLVD. #E
SEMINOLE FL 33776

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/03 **727-461-9655**

CR2E034 (4/03)

Attachment

90146168
#P94000083388



**STONECRAFTERS
ARCHITECTURAL PRECAST
STONE INC.**

603 S. Missouri Avenue
Clearwater, Florida 33756
727-461-9655 ph
727-461-9660 fx

July 21, 2003

Florida Department of State
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Dear Madam:

We are writing to advise you that we did not receive any notice of the Filing Fee and would ask that the penalties be waived in light of this fact.

Enclosed please find our check for the required fee as well as our completed report as required.

Thank you, we appreciate your consideration in this matter.

Sincerely,

Elizabeth Ferretti
Office Manager
STONECRAFTERS ARCHITECTURAL PRECAST STONE, INC.

Encl. (2)

EF/jk