

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043961

1. Entity Name

UNISOURCE STONE INC.

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

04-26-2001 90292 004 ***150.00

Principal Place of Business

1802 ANTIGUA ROAD
WEST PALM BEACH FL 33406

Mailing Address

1802 ANTIGUA ROAD
WEST PALM BEACH FL 33406

2. Principal Place of Business

3615 HENRY AVE

Suite, Apt. #, etc.

3. Mailing Address

3615 HENRY AVE

Suite, Apt. #, etc.

City & State

WEST PALM BCH

City & State

WEST PALM BCH

Zip

33406

Country

FLA

Zip

33406

Country

FLA

4. FEI Number

65-0836820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARBONE, RUSSELL
1802 ANTIGUA ROAD
WEST PALM BEACH FL 33406

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's 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, 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	P	☐ Delete
NAME	CARBONE, RUSSELL	
STREET ADDRESS	1802 ANTIGUA RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	ST	☐ Delete
NAME	HAMILL, ELIZABETH	
STREET ADDRESS	1802 ANTIGUA RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 561-835-1314
Date Daytime Phone #

CR2E034 (10/00)