

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000043961 1. Entity Name UNISOURCE STONE INC.	
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Principal Place of Business 1800 4TH AVE N LAKE WORTH, FL 33461	Mailing Address 1800 4TH AVE N LAKE WORTH, FL 33461
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DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)

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

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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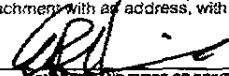
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARBONE, RUSSELL 1802 ANTIGUA RD WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMILL, ELIZABETH 1802 ANTIGUA RD WEST PALM BEACH, FL 33406
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04/02/04-80015-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **E.R. HAMILL** 3/31/04 561-493-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #