2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State
02-12-2003 90110 024 ***150.00

DOCUMENT # P01000111186

1. Entity Name
BELSTONE, INC.

Principal Place of Business	Mailing Address
1401 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS FL 33071	1401 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS FL 33071

☐ CHECK HERE IF MAKING CHANGES

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 54-2064710

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
WALTERS, DONALD R 1401 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS FL 33071	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. I am familiar with and accept the obligations of registered agent.

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

$5.00 filing fee will be $550.00
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
Title / Name / Street address / City-St-Zip	D STONE, ROSS 4924 EGRET COURT COCONUT CREEK FL 33073 ☐ Delete	Title / Name / Street address / City-St-Zip ☐ Change ☐ Add
Title / Name / Street address / City-St-Zip	D STONE, ROBIN 4924 EGRET COURT COCONUT CREEK FL 33073 ☐ Delete	Title / Name / Street address / City-St-Zip ☐ Change ☐ Add
Title / Name / Street address / City-St-Zip	☐ Delete	Title / Name / Street address / City-St-Zip ☐ Change ☐ Add
Title / Name / Street address / City-St-Zip	☐ Delete	Title / Name / Street address / City-St-Zip ☐ Change ☐ Add
Title / Name / Street address / City-St-Zip	☐ Delete	Title / Name / Street address / City-St-Zip ☐ Change ☐ Add
Title / Name / Street address / City-St-Zip	☐ Delete	Title / Name / Street address / City-St-Zip ☐ Change ☐ Add

CR2E034 (10/02)

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 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03
Date

Phone Number