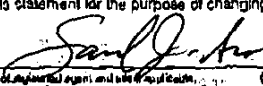
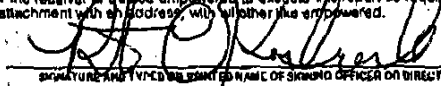


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P94000053952			
1. Entity Name PETER STONE CO., U.S.A., INC.			
Principal Place of Business 222 LAKEVIEW AVENUE SUITE 160-231 W PALM BEACH, FL 33401 US		Mailing Address P.O. BOX 1008 SELBYVILLE, DE 19975 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INTERNATIONAL BUSINESS INCORPORATORS 3108 SW 103RD AVENUE MIAMI, FL 33173		Name Ard, Shirley, & Hartman, P.A. Street Address (P.O. Box Number is Not Acceptable) 207 W. Park Avenue Suite B City Tallahassee, FL 32301	
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 7/15/03	
Signature, typed in printed name of registered agent and date of filing.		(NOTE: Registered Agent signature required when substituting)	
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	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
☐ Delete	☐ Delete	☐ Change	☐ Addition
P	KOSLOWSKI, PETER		
6/496-7 6/279-9 BANGNA TRAD ROAD	BANGKOK, TH 10260		
☐ Delete	☐ Delete		
V	COHEN, CHARLES		
7 N WILLIAMS STREET	SELBYVILLE, DE 19975		
☐ Delete	☐ Delete		
☐ Delete	☐ Delete		
☐ Delete	☐ Delete		
☐ Delete	☐ Delete		
☐ Delete	☐ Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 or without the empowered.			
SIGNATURE: 		DATE 10 July 2003	
Signature and typed or printed name of signed officer or director		Date	



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0507528** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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07/18/03--01041--004 **550.00

CR26034 (12/02)