FILED

03 JUL 18 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200021643232
07/18/03--01041--004 **550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053952

1. Entity Name
PETER STONE CO., U.S.A., INC.

Principal Place of Business	Mailing Address
222 LAKEVIEW AVENUE SUITE 160-231 W PALM BEACH, FL 33401 US	P.O. BOX 1008 SELBYVILLE, DE 19975 US

2. Principal Place of Business	3. Mailing Address
	910 Foulk Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 201
City & State	City & State Wilmington, DE
Zip / Country	Zip 19803 / Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0507528 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

INTERNATIONAL BUSINESS INCORPORATORS
3108 SW 103RD AVENUE
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name: Ard, Shirley, & Hartman, P.A.
Street Address (P.O. Box Number is Not Acceptable): 207 W. Park Avenue
Suite B
City: Talahassee, FL Zip Code: 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 [signature] 7/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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 KOSLOWSKI, PETER 6/496-7 6/278-9 BANGNA TRAD ROAD BANGKOK, TH 10260 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COHEN, CHARLES 7 N WILLIAMS STREET SELBYVILLE, DE 19975 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: [signature] 10 July 2003 302-436 0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #