

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 446385

1. Entity Name

Stone Mountain Manufacturing of Florida, Inc

Principal Place of Business

3908 Selvitz Rd.
Ft. Pierce, FL 34981

Mailing Address

3908 Selvitz Rd.
Ft. Pierce, FL 34981

2. Principal Place of Business

3908 Selvitz Rd.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Pierce, Florida

City & State

SAME

4. FEI Number

591508964

Applied For

Not Applicable

Zip

34981

Country

USA

Zip

SAME

Country

SAME

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Gail A. Simmons
3908 Selvitz Rd.
Ft. Pierce, FL 34981

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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!!! FEES \$150.00

After MAY 1, 2000 fee will be \$250.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
Joan S. Moon
11000 Mt. Rose Highway
Reno, NV 89511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Joan S. Moon
11000 Mt. Rose Highway
Reno, NV 89511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Joan S. Moon
11000 Mt. Rose Highway
Reno, NV 89511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Joan S. Moon

JOAN S. MOON

7/15/00

775-844-0567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #