

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 559343

1. Entity Name
THE STONE CORPORATIONS, INC.

Principal Place of Business
2500 AIRPORT ROAD
STE 207
NAPLES FL 34112
US

Mailing Address
2500 AIRPORT ROAD
NAPLES FL 34112
US

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 59-1802336

Applied For

Not Applicable

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

STONE, WILLIAM B
2500 AIRPORT RD. S.
NAPLES FL 34112

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STONE, WILLIAM B. 2358 PINWOODS CIRCLE NAPLES FL 34105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MOORMAN, MARDI S. 1205 WHIPPERWILL LANE NAPLES FL 34105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. MOORMAN, MARDI S. 1205 WHIPPERWILL LANE NAPLES FL	☒ 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	511 Crossfield Cir Naples, FL 34104	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	302 Pinehurst Circle Naples FL 34113	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

941-774-3321

Daytime Phone #

MARDI S MOORMAN, VP.

FILED
Jul 06, 2001 8:00 am
Secretary of State

06-25-2001 90042 047 ***150.00
07-06-2001 90200 006 ***400.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)