

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90148 047 ***150.00

DOCUMENT # 636261

1. Entity Name

Cornerstone Builders Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16016 N.W. 78th Ave.

3. Mailing Address

16016 N.W. 78th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Alachua FL.

City & State

Alachua FL.

4. FEI Number

591930000

Applied For

Not Applicable

Zip

Country

Alachua

Zip

Country

Alachua

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robert A. Burson, P.A.

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

310 W. 1st Street

City

Stuart

FL

Zip Code

34994

**DO NOT WRITE
IN THIS SPACE**

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

Robert A. Burson

President
ROBERT A. BURSON

Robert A. Burson, P.A. 4-29-02

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)

☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>Pres</i>
NAME	<i>ED BAKER</i>
STREET ADDRESS	<i>16016 N.W. 78th Ave.</i>
CITY-ST-ZIP	<i>Alachua FL 32615</i>
TITLE	<i>Sec. Treas</i>
NAME	<i>STEVEN BARONE</i>
STREET ADDRESS	<i>21266 45th Place</i>
CITY-ST-ZIP	<i>Lake City - FL - 32024</i>
TITLE	
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

EDWARD BAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2

Date

*386
462-1938*

Daytime Phone #