2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 698256** 1. Entity Name STONE CREEK ENTERPRISES, INC. Principal Place of Business Mailing Address C/O JAMES C. STONE C/O JAMES C. STONE 8240 SW SR 200 8240 SW SR 200 OCALA FL 34481 OCALA FL 34481 2. Principal Place of Business 3. Mailing Address

FILED Mar 15, 2001 8:00 am Secretary of State

03-15-2001 90013 034 ***150.00



Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State			4. F	El Number	59-21277	69		Apı	olied For	
											Not	Applicable	
Zip Country			Zip Coun		,	5. C	ertificate of	Status Desire			75 Addi Required		
منح ثر يند	-≃ 6.⁻Name	and Address of Current R	egistered Agent			7N	ame and Ad	idress of Nev	v Registere	d.Agen	t		
STONE, JAMES C. 8240 SW STATE ROAD 200 OCALA FL 34481					Name Street Address (P.O. Box Number is Not Acceptable)								
<i>p</i>					City FL Zip Code								
8. The above	named entit	y submits this statement for	the purpose of changing its re	egistered	office or reg	gistered age	ent, or both,	in the State of	Florida.				
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE: I	Registered A	gent signature re	equired when rei	nstating)		DAT		<u> </u>	 ;	
9. This corpo Tax filing (See criter	FILE NOW!!! After MAY 1, 200 Make Check Payable	1 Fee w	ill be \$550			on Campaign Fund Contribu	_			May Be to Fees			
11.		OFFICERS AND D	IRECTORS	12.		ADI	DITIONS/CH	IANGES TO C	FFICERS A	ND DIR	ECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STONE, J 8240 SW OCALA FI	SR 200	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS I-ZIP						Change	Addition	
TITLE NAME Street Address City-St-Zip	SVD STONE, S 8240 SW OCALA FL		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS I-ZIP						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS I-ZIP						Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	and if if it has the	information of maline with the	☐ Delete	CITY-ST		in Coasia, d	10.07(2)(5)	Florida Char	- 16. db -		Change	Addition	
ى. Triereby د	sermy mai the	s innormation supplied with t	his filing does not qualify for t	ne exemp	buon stated	iri section 1	19.07(3)(I), I	riorida Statute	s. I jurther (cerury tr	iat the inf	ormation	

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.

352) 854-2202