

# 2002 UNIFORM BUSINESS REPORT (UBR)

001133 17

**DOCUMENT # A00000002031**

1. Entity Name  
**STONE LIFE SCIENCE HOLDINGS, LTD.**

FILED  
02 FEB -1 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 635 S. ORANGE AVENUE, STE. 10, SARASOTA FL 34326  
Mailing Address: 635 S. ORANGE AVENUE, STE. 10, SARASOTA FL 34326

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: City & State  
Zip: Zip Country: Country

**DUE BY MAY 1, 2002**

4. FEJ Number: **65-1063948**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DANIEL A. ZABLUDOWSKI, P.A.  
C/O LITOW, CUTLER & ZABLUDOWSKI, LLC  
320 EAST LAS OLAS BLVD., SUITE 1250  
FT. LAUDERDALE FL 33301**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$7,500.00**  
10. Amount of Capital Contributions in FLORIDA to date: **1500.00**  
11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P00000110545</b>
NAME	<b>STONE MANAGEMENT, INC.</b>
STREET ADDRESS	<b>635 S. ORANGE AVENUE, STE. 10</b>
CITY-ST-ZIP	<b>SARASOTA FL 34326</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>Sarasota, FL 34326</b>
STREET ADDRESS	<b>000004889990--0</b>
CITY-ST-ZIP	<b>-02/07/02--01035--019 ****141.25 ****141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **DATE REQUIRED** **941-364-9609**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)