

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001493

1. Entity Name

STONECRAIG KENNELS, INC.

Principal Place of Business

Mailing Address

553 W BUTTERNUT RD
SUMMERVILLE SC 29483
US

553 BUTTERNUT RD
SUMMERVILLE SC 29483-8438
US

2. Principal Place of Business

40 TOWN FARM ROAD

3. Mailing Address

40 TOWN FARM ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Woodstock, Ct

City & State

Woodstock, Ct

Zip

Country

06-281

WINDHAM

Zip

Country

06-281

WINDHAM

6. Name and Address of Current Registered Agent

VOLPE, HARRY
3521 NE 23RD AVE.
LIGHTHOUSE POINT FL 33064

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!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	STONE, JAMES E	
STREET ADDRESS	553 W BUTTERNUT RD	
CITY-ST-ZIP	SUMMERVILLE SC 29483	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CRAIG, ROBERT	
STREET ADDRESS	553 BUTTERNUT RD	
CITY-ST-ZIP	SUMMERVILLE SC 29483	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Robert CRAIG

Date

1-24-2000

Daytime Phone #

860-974-2012

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90028 016 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2316859

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent