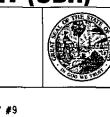
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # G96115

1. Entity Name

THE GRATE FIREPLACE & STONE SHOPPE, INC.



## FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90916 011 \*\*\*150.00

Principal Place of Business 11000 METRO PARKWAY #9 UNIT #9 FORT MYERS FL 33912			Mailing Address 11000 METRO PARKWAY #9 UNIT #9 FORT MYERS FL 33912									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	50-2301106			pplied For	
Zip	Country		Zip		Country		5.				8.75 Additional ee Required	
	6. Name and	Address of Current F	Registered Agent			7. Name and Address of New Registered Agent						
	William J. Tro Pkwy, Ste	Commence of Commence of the Commence of Co			Name Street Address (P.O. Box Number is Not Acceptable)							
ft. Myer	S FL 33912					City			FL	Zip Coo	de	
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE	Signature, typed or printe	d name of registered agent ar	nd title if applicable,	(NOTE: Re	egistered	Agent signature	required when r	reinstating)	DATE			
Afte	•	E IS \$150.00 e will be \$550.00 ida Department of	State					Election Campaign Fir Trust Fund Contribution			00 May Be d to Fees	
10.		OFFICERS AND D	DIRECTORS		11.		Αſ	ODITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STASKO, WILLI 17576 TAYLOR FT. MYERS FL			□ Delete		1		, 	,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STASKO, HELY 17576 TAYLOR FT. MYERS FL			□ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEY, DIANE M 17564 TAYLOR FORT MYERS F		. ~	Delete	STREE	T ADDRESS ST-ZIP	د بحق ہے۔	angan di dan di dan	-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STASKO R BUSH LANE YERS, FL. 3	, UNIT #	□ Delete D		L				Change	LX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			E	□ Delete	•					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the inform on this report or supporation or the rect or on an attachme	mation supplied with topplemental report is to sive or trustee empoyent with an address, when the supplemental reports is to supplemental topplemental reports and supplemental reports and suppleme	this filing does true and accura vered to ekecu ith all other like	not qualify for the ate and that my set this report as empowered.	e exen signati require	nption stated ure shall have ed by Chapte	in Section the same or 607, Flori	119.07(3)(i), Florida Statutes. legal effect as if made under ida Statutes; and that my nam	I further cert path; that I a e appears in	ify that the i m an officer Block 10 o	nformation or director r Block 11 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-83

232 939-7197

Daytime Phone #