o.	1 UNIFORM BUSI		RT	(UBF	3)					
DOCU  1. Entity Nan	MENT#	4508	33(	· 0			3	FIL	Eŭ	
BLUE STONE REAL ESTATE, CONSTRUCTION AND DICORPORATION				EVELOPMENT			at uri Ir VISION	OF C	OF STA	
11036	ce of Business SPRING HILL DRIVE HILL, FL 34608	Mailing Address 11036 SPRING SPRING HILL,		DRIVE 4608			<b>01</b> JU	₩ -8	PM 2: L	≠ <b>5</b>
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State				l. FEI Number 59 2515	235			pplied For ot Applicable
Zip	Country	Country Zip		Country		. Certificate of Status	Desired	Ä	\$8.75 Ad Fee Require	ditional
6. Name and Address of Current Registered Agent					7.	. Name and Address	of New Re	gistered .	Agent	
JAMES W. DEMARTA				Name THOMAS SHOGAN, JR.						
15641 HUDSON	v		Street Address (P.O. Box Number is Not Acceptable) 20 SOUTH BROAD STREET							
	, FL 34667									
				City	BROO	ROOKSVILLE FL Zip34601				
8. The above	named entity submits this statement for	the purpose of changing its	s registere	d office or	registered a	agent, or both, in the	State of Flori	da.		
		TTIOMAC C	TTO C	ANT TO			0//	10/04		
SIGNATURE .	Signature, typed or printed name of registered agent a	, THOMAS S nd title if applicable. (NOT			re required wher	n reinstating)	04/.	12/01 DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			50.00	10. Election Ca Trust Fund (	mpaign Final Contribution.	ncing		00 May Be d to Fees
11.	OFFICERS AND I	DIRECTORS	12.			ADDITIONS/CHANGE	ES TO OFFIC	ERS AND	DIRECTOR	SIN 11
TITLE	PD JAMES W. DEMARIA	☐ Delete	TITLE	1					Change	☐ Addition
NAME STREET ADDRESS	15641 DONZI DRIVE		· NAME	T ADDRESS						
CITY-ST-ZIP	HUDSON, FL 34667			ST-ZIP						
TITLE	<del>VD </del>	☑ Delete	TITLE						- La Changes	- Addition
NAME	<del>JAMES J. DEMARIA -</del>		NAME			الالالاك	<u>00/01</u> .	サ.ゴモ /01(	·年ごと 11001	Ad <u>dikip</u> n .⊡⊡⊡.
STREET ADDRESS	1000 FLORIAN WAY		STREE	T ADDRESS		-06/21/0101081009 *****65.00 *****65.00				
CITY-ST-ZIP	SPRING-HILL, FL	<del>L, FL</del>		CITY-ST-ZIP			arararara.	10.100	4-4-4-4-4	
TITLE	SD	☐ Delete	TITLE						Change	☐ Addition
NAME CTREET ADDRESS	DEBORAH G. DEMARIA		NAME			-				-
STREET ADDRESS CITY-ST-ZIP	15641 DONZI DRIVE			ST-ZIP						
TITLE	HUDSON, FL. 34667	☐ Delete	TITLE						Change	Addition
NAME		L Delete	NAME						C. Citaligo	
STREET ADDRESS			STREE	T ADDRESS			,			
CITY-ST-ZIP			CITY-	ST-ZIP				ł		

13. I hereby certify that the information supplindicated on this report or supplementation of the corporation or the receiver of the changed, or on an attachment with a particular to the change of t light this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information factor is true and accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director for empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE; SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

TITLE NAMÉ

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

, JAMES W. DEMARIA

352/686-0481

☐ Change

Change

Addition

☐ Addition

Daytime Phone #