

2002 AMENDED

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H50836

1. Entity Name

BLUE STONE REAL ESTATE, CONSTRUCTION AND  
DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11036 Spring Hill Dr.

Suite, Apt. #, etc.

3. Mailing Address

11036 Spring Hill Dr.

Suite, Apt. #, etc.

City &amp; State

Spring Hill, FL

Zip

34608

Country

US

City &amp; State

Spring Hill, FL

Zip

34608

Country

US

4. FEI Number

59-2515235

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional,  
Fee RequiredDO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

HOGAN, THOMAS S. JR.

Street Address (P.O. Box Number is Not Acceptable)

20 SOUTH BROAD STREET

City

BROOKSVILLE

FL

Zip Code  
34601

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 re-issuing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00Amended UBR is \$61.25  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	DEMARIA, JAMES W.
STREET ADDRESS	15641 DONZI DRIVE
CITY-ST-ZIP	HUDSON FL 34667

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

5000006532585-9
07/19/02-01058-011
*****61.25 *****61.25

TITLE	SD
NAME	DEMARIA, DEBORAH G.
STREET ADDRESS	15641 DONZI DRIVE
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 JUL -5 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)