

AMENDED 2003  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

08-25-2003 901107039 \*\*\*\*\*70.00  
FILED H50836

03 AUG 28 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H50836

1. Entity Name

BLUE STONE REAL ESTATE CONSTRUCTION &  
DEVELOPMENT CORP.



**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.

DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number

59-2515235

Applied For

Not Applicable

Zip

34608

Country

Hernando

Zip

34608

Country

Hernando

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
DEMARIA, JAMES W.

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

11036 Spring Hill Dr.

City

Spring Hill

FL

Zip Code  
34608

**DO NOT WRITE  
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

DP

NAME

DEMARIA, JAMES W.

STREET ADDRESS

11036 Spring Hill Dr.

CITY - ST - ZIP

Spring Hill, FL 34608

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DS

NAME

DEMARIA, DEBORAH

STREET ADDRESS

11036 Spring Hill Dr.

CITY - ST - ZIP

Spring Hill, FL 34608

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/03

Date

352-686-0481

Daytime Phone #

CR20348 (12/02)