2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # J35761 MAYSTONE, INC. 05-11-2001 90060 021 ***150.00 Principal Place of Business Mailing Address 1055 CHENEY HWY 1055 CHENEY HWY P.O. BOX 2954 P.O. BOX 2954 TITUSVILLE FL 32781-2954 TITUSVILLE FL 32781-2954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied for 59-2744433 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STONER, DOUGLAS W. Street Address (P.O. Box Number is Not Acceptable) 1051 CHENEY HWY. P.O. BOX 2954 TITUSVILLE FL 32781 City Zic 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 Fiorida, Signature, typed or printed traine of registered agent and their applicable. (NOTE: Rogistored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Douglas W Stoner Change Acdition Douglas W Stoner Po Box 2954 Titasville Fl. 32781 UP Hon Mayner & Penage Acdition Clayton Mayner & Penage Acdition Clayton Mayner & Po. Box 2954 T.T. F ☐ Delete TITLE MAYNARD, CLAYTON NAME NAME 1055 CHENEY HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP Delete TiTLE TITLE STONER, DOUGLAS W. NAME 1044 CHENEY HWY STREET ADDRESS STREET ADDRESS 450 He Fl. 32781 CITY - ST - Z:P TITUSVILLE FL ☐ Delete TITLE TITLE ☐ Change Addit on NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CtTY-ST-7IP ☐ Delete Addition NAM5 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST - ZIF 7171.5 ☐ Delete TITLE ☐ Change Adoltion NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY-S1-ZIP 13. Thereby 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 eath; that i am so 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 12 if of the corporation or the receiver or trustee empowered to execute this report as required by Chap changed, or on an attachment with an address, with all other like empowered. 11 or Block 12 f