

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90248 037 \*\*\*150.00

**DOCUMENT # K58678**

**1. Entity Name**  
**COBBLESTONE DEVELOPMENT COMPANY**

**Principal Place of Business**      **Mailing Address**  
**C/O: THE CORNERSTONE GROUP, A FL GROUP**      **C/O: THE CORNERSTONE GROUP, A FL GROUP**  
**10568 WHOOPING CRANE WAY**      **10568 WHOOPING CRANE WAY**  
**PALM CITY, FL 34990**      **PALM CITY FL 34990**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
**3171 SE ASTER LA.**      **P.O. Box 688**  
**Suite, Apt. #, etc.**      **Suite, Apt. #, etc.**  
**# 1107**  
**City & State**      **City & State**  
**STUART, FL**      **STUART, FL**  
**Zip**      **Country**      **Zip**      **Country**  
**34997**      **US**      **34995**      **US**

**4. FEI Number**      **65-0133227**      **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**  
**THE CORNERSTONE GROUP, A FLORIDA GROUP**      **Name**  
**10568 WHOOPING CRANE WAY**      **PAUL PICCOLLO**  
**SUITE 401**      **Street Address (P.O. Box Number is Not Acceptable)**  
**PALM CITY, FL 34990**      **3171 SE ASTER LA. #1107**  
**City**      **STUART, FL**      **Zip Code**  
**34997**

**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**      **PAUL PICCOLLO**      **1/11/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**      ☐ **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**      **10. Election Campaign Financing Trust Fund Contribution.**      ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	MARIO A POSILICO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSILICO, MARIO A		NAME	1610 NEW HIGHWAY	
STREET ADDRESS	10568 WHOOPING CRANE WAY		STREET ADDRESS	FARMINGDALE, N.Y.	11735
CITY-ST-ZIP	PALM CITY FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSILICO, JOSEPH D. JR		NAME		
STREET ADDRESS	15 BEAUX ARTS LANE		STREET ADDRESS		
CITY-ST-ZIP	HUNTINGTON BAY NY		CITY-ST-ZIP		
TITLE	<del>T</del>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MEEHAN, ROBIN L</del>		NAME		
STREET ADDRESS	<del>2924 SE MORNINGSIDE BLVD</del>		STREET ADDRESS		
CITY-ST-ZIP	<del>PORT ST. LUCIE FL 34952</del>		CITY-ST-ZIP		
TITLE	<del>S</del>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MEEHAN, ROBIN L</del>		NAME		
STREET ADDRESS	<del>2924 SE MORNINGSIDE BLVD</del>		STREET ADDRESS		
CITY-ST-ZIP	<del>PORT ST. LUCIE FL 34952</del>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**      **SIGNATURE REQUIRED**      **1/11/02**      **561 530 9505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)