

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90031 031 ***158.75

DOCUMENT #

K59791

1. Entity Name

STONE IMPORTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

115 Central Park Drive

3. Mailing Address

P. O. Box 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL 33771

City & State

Largo, FL 33779-1993

4. FEI Number

59-2929725

Applied For

Not Applicable

Zip
33771

Country
USA

Zip
33779-1993

Country
USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Charles F. Barber

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

1550 S. Highland Avenue

City

Clearwater

FL

Zip Code
33756

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Charles F. Barber

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-02

**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 \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
J. O. Stone
511 Central Park Drive
Largo, FL 33771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Charles F. Barber
1550 S. Highland Avenue
Clearwater, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 on an attachment with an address with all other like empowered.

SIGNATURE:

J. O. Stone, President

2/27/02

727-581.3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)