

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004410

1. Entity Name

PLANTATION POTTERY, L.L.C.

Principal Place of Business

90280 OVERSEAS HIGHWAY  
TAVERNIER FL 33070

Mailing Address

103650 OVERSEAS HIGHWAY, SUITE 36  
KEY LARGO FL 33037

2. Principal Place of Business

1015 LAKESHORE DR

3. Mailing Address

4300 S.U.S. 1 STEWS BX 251

Suite, Apt. #, etc.

APT. 101

Suite, Apt. #, etc.

City & State

LAKE PARK FL

City & State

JUPITER FL

Zip

33403

Country

USA

Zip

33477

Country

USA

4. FEI Number

65-1003330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STONER, STEPHEN  
90280 OVERSEAS HIGHWAY  
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name

MARK STONER

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

4300 SUS 1 STE 203 BX 251

City

JUPITER

FL

Zip Code

33477

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

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

DATE

7-5-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME STONER, STEPHEN  
STREET ADDRESS 103650 OVERSEAS HIGHWAY, SUITE 36  
CITY-ST-ZIP KEY LARGO FL 33037 ☒ Delete

TITLE MGR  
NAME MARK STONER  
STREET ADDRESS 4300 SUS 1 STE 203 BX 251  
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR  
NAME MARK STONER  
STREET ADDRESS 4300 SUS 1 STE 203 BX 251  
CITY-ST-ZIP JUPITER FL 33477 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

MARK STONER 07-6-01

561-840-7714

305-608-9044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)

FILED

01 JUL 11 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

RUH