

2001 UNIFORM BUSINESS REPORT (UBR)

0020647 AF

DOCUMENT # L00000009394

1. Entity Name

EXPRESSIONS IN STONE, LLC

FILED

01 APR 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4776 RADIO ROAD, STE 803
NAPLES FL 34104

4776 RADIO ROAD, STE 803
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

4776 Radio Road

4776 Radio Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

803

803

City & State

City & State

Naples, FL

Naples, FL

Zip

Zip

34104

34104

Country

Country

US

US

4. FEI Number

59-3664717

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LADEMAN, CARRIE E

801 LAUREL OAK DRIVE, STE 710

NAPLES FL 34108

Name

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

City

FL

Zip 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 Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
managing member
Allen J. Richards
3950 Deer Crossing Court, #103
Naples, FL 34114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
member
Merilyn A. Richards
3940 Deer Crossing Court, #103
Naples, FL 34114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
member
Joseph R. DeAngelo
2628 4th Terrace SW
Naples, FL 34116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
member
Montgomery A. Richards
641 Lamblaton Lane
Naples, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Allen J. Richards
MANAGING MEMBER ALLEN J. RICHARDS

4/14/01

941-262-3949

CR2E083 (11/00)