

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90382 003 ***155.00

DOCUMENT # L01000003034

1. Entity Name

STONE/SCHERER, LLC

DO NOT WRITE IN THIS SPACE

969005

2. Principal Place of Business

13575 - 58th Street N.

Suite, Apt. #, etc.

Suite 186

City & State

Clearwater, FL

Zip

33760

Country

USA

3. Mailing Address

13575 - 58th Street N.

Suite, Apt. #, etc.

Suite 186

City & State

Clearwater, FL

Zip

33760

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3707349

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BARBER, CHARLES F.

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

1550 SOUTH HIGHLAND AVENUE

SUITE B

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHERER, J. CHRIS 13575 - 58th Street N, #186 Clearwater, FL 33760	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STONE, J.O. 1550 S. HIGHLAND AVE, STE B CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

I, Chris Scherer, Manager

2/5/02

CR2E083B (12/01)