

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013149

1. Entity Name

STONE GROUP, LLC

Principal Place of Business

5520 ANDERSON ROAD  
TAMPA FL 33634

Mailing Address

5520 ANDERSON ROAD  
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3740374

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

CASTELLANO, NELSON T  
101 E. KENNEDY BLVD., SUITE 2700  
TAMPA FL 33602

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT**  
**MARIO PLAZZA**  
**5502 Anderson Rd**  
**Tampa, FL 33614**

☐ Delete

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 606, Florida Statutes.

SIGNATURE: MARIO PLAZZA REQUIRED

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

Date

Daytime Phone #

9/9/02 813 884-2382

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90061 046 \*\*\*\*50.00

42967

DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)