

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90004 018 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000023442**

1. Entity Name  
**PDZ STONE, LLC**



**10107083**

Principal Place of Business  
16160 FOREST OAKS  
FORT MYERS, FL 33908

Mailing Address  
16160 FOREST OAKS  
FORT MYERS, FL 33908

2. Principal Place of Business  
720 INDIANA AVENUE

3. Mailing Address  
720 INDIANA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
ENGLEWOOD, FL

City & State  
ENGLEWOOD, FL

4. FEI Number  
56-2300236

Applied For  
☐ Not Applicable

Zip  
34223

Country  
SARASOTA

Zip  
34223

Country  
SARASOTA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GREEN, BRUCE D**  
1520 ROYAL PALM SQUARE BLVD., STE. 320  
FT MYERS, FL 33919

**7. Name and Address of New Registered Agent**

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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

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  
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CITY- ST- ZIP ☐ Change ☒ Addition

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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:**

**NESTOR PEDRAZA**

941-698-0011

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

Date

Daytime Phone #

CR2E083 (10/02)

attachment

10107083

#L02000023442

**Kevin M. Burns & Associates, P.A.**

**CERTIFIED PUBLIC ACCOUNTANTS**

4507 S.E. 16<sup>th</sup> Place

Cape Coral, FL 33904

Telephone (239) 542-1976 \* Fax (239) 542-1815

June 4, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314-6478

~~Re: PDZ-Stone, LLC~~

FEI #56-2300236

Document #L02000023442

Dear Sir or Madam:

On behalf of the above referenced taxpayer, we request abatement of the late filing fees. The taxpayer did not receive the renewal for the 2003 Uniform Business Report in the mail and is unfamiliar with the filing requirements.

Therefore, we have prepared the required form off your website which the taxpayer has signed. We are enclosing the 2003 UPR and a check in the amount of \$50 for processing.

Your prompt attention to this matter is greatly appreciated. If there are any questions, please do not hesitate to contact us. Our office hours are Monday through Friday, 8:00AM to 5:00 PM.

Sincerely,

~~Kevin M. Burns & Associates, P.A.~~

  
Yvonne C. Werline  
Accountant

Enclosures

Cc: Nestor Pedraza