

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90039 028 ****50.00

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

DOCUMENT # L02000030912			
1. Entity Name STONE, EHLER & CAPOBIANCO, P.L.			
Principal Place of Business 585 NW AZINE AVE. PORT ST. LUCIE, FL 34983		Mailing Address P.O. BOX 881362 PORT ST. LUCIE, FL 34988	
2. Principal Place of Business 219 East Ocean Blvd.		3. Mailing Address 219 East Ocean Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Stuart, Florida		City & State Stuart, Florida	
Zip 34994		Country USA	
4. FEI Number 61-1431302		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STONE, JEROME A JR. 585 NW AZINE AVE. PORT ST. LUCIE, FL 34983			
7. Name and Address of New Registered Agent Name Linda Elise Capobianco Street Address (P.O. Box Number is Not Acceptable) 219 East Ocean Blvd. City Stuart FL Zip Code 34994			
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 Linda Elise Capobianco DATE 04/21/03 (NOTE: Registered Agent signature is required when registering)			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ 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 606, Florida Statutes.			
SIGNATURE Linda Elise Capobianco DATE 04/21/03 (772) 781-4357 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			