

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90993 049 ***150.00

DOCUMENT # L32696

1. Entity Name
STONE PHARMA RESEARCH, INC.

Principal Place of Business Mailing Address
1774 S. Drive **1774 S. Drive**
Sarasota, FL 34239 **Sarasota, FL 34239**

2. Principal Place of Business 3. Mailing Address
635 S. ORANGE AVE. **635 S. ORANGE AVE.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 10 **Suite 10**

City & State City & State
Sarasota FL **Sarasota FL**

Zip Country Zip Country
34236 **USA** **34236** **USA**

4. FEI Number Applied For
65-0160794 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

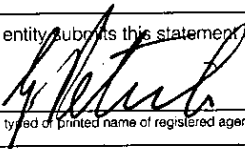
6. Name and Address of Current Registered Agent

JOHN PATTERSON
46 N. WASHINGTON BLD. #1
SARASOTA, FL 34239

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.

SIGNATURE  DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	BP GERD PETRIK
STREET ADDRESS	635 ORANGE AVE, SUITE 10
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	<input type="checkbox"/> Delete
NAME	DVAST KERI NAKAMOTO
STREET ADDRESS	904 S. TAMIAH TRAIL
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/2001** Daytime Phone #: **941-364-9609**

CR2E034 (11/00)