

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32696 AMENDED

1. Entity Name
STONE PHARMA RESEARCH, INC.

FILED

01 AUG 16 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business **635 S. ORANGE AVE.**
Suite, Apt. #, etc. **#10**

3. Mailing Address **46 N. WASHINGTON BLVD.**
Suite, Apt. #, etc. **#1**

DO NOT WRITE IN THIS SPACE

City & State **SARASOTA, FLORIDA**

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

4. FEI Number **65-0160794**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
PATTERSON, JOHN
46 N. WASHINGTON BLVD., #1
SARASOTA, FLORIDA 34236

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE **LS**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	VP, S
CITY-ST-ZIP	GEBHARD, LINDA 1774 SOUTH DRIVE SARASOTA, FLORIDA
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P, D PETRIK, GERD 635 S. ORANGE AVE., #10 SARASOTA, FLORIDA 34236
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VP, S, T, D NAKAMOTO, KERI 635 S. ORANGE AVENUE, #10 SARASOTA, FLORIDA 34236
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	700004560617-8
CITY-ST-ZIP	-08/28/01--01095--013 *****51.25
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Keri Nakamoto*

(941) 364-9609

CR2E034 (11/00)