2002 Uniform Business Report (UBR)

SIGNATURE: .

KERT

NAKAMOTO

Mar 28, 2002 8:00 am Secretary of State DOCUMENT # L32696 1. Entity Name 03-28-2002 90355 036 ***150.00 STONE PHARMA RESEARCH, INC. Principal Place of Business Mailing Address 46 N. WASHINGTON BLVD. 635 S. ORANGE AVE. SUITE 10 SARASOTA FL 34243 SARASOTA FL 34236 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0160794 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee_Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 46 NORTH WASHINGTON BLVD. SARASOTA FL 34239 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. $\overline{D,P,T}$ Addition TITLE ☐ Delete TITLE XX Change Petrik, Gerd NAME NAME STREET ADDRESS 635 Orange ave., Suite 10 STREET ADDRESS CITY-ST-ZIP sarasota FL 34232 CITY-ST-ZIP ☐ Addition TITLE VSTD ☐ Delete TITLE VP.S XX Change NAME NAME nakamoto, keri STREET ADDRESS STREET ADDRESS 635 ORANGE AVE, SUITE 10 CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34232 Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

(941) 364-9609 Daytime Phone #