

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90119 038 ***550.00

DOCUMENT # L32900

1. Entity Name
FLORIDA NATURAL STONE, INC.

Principal Place of Business

**4055 POINSETTA AVE
 PO BOX 34
 EUSTIS FL 32727-7034
 US**

Mailing Address

**P.O. BOX 34
 EUSTIS FL 32727-0034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2982823**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATRICK, GERALD W
 4055 POINSETTA AV E
 MT DORA FL 32757**

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 signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	PATRICK, GERALD W	
STREET ADDRESS	4055 POINSETTIA AVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HORN, VICKY L	
STREET ADDRESS	2075 PINETREE DRIVE, #G2	
CITY-ST-ZIP	BUFORD GA 30518	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATRICK, GERALD A	
STREET ADDRESS	4055 POINSETTA AVENUE	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
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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: *Gerald W. Patrick* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Gerald W. Patrick* **Sept 01, 2002** *352-383-8237* **Date Daytime Phone #**

CR2E034 (4/02)