## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR** M17463

DOCUMENT # 1. Entity Name

the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

Make Check Payable to Florida Department of State

STONER, JONATHAN MARC

After May 1, 2003 Fee will be \$550.00

250 GALEN DR., #34

KEY BISCAYNE FL

SIGNATURE

TITLE

NAME

NAME

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STONER BROS. AUTOMOTIVE CORP.



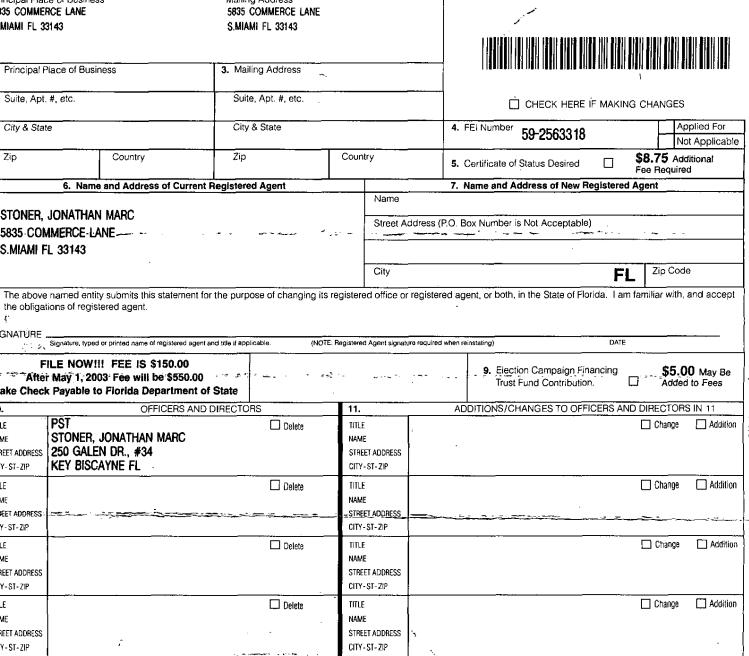
Principal Place of Business FOR COMMEDCE LANE

Mailing Address SERS COMMEDCE LANE

S.MIAMI FL 33143	NL.	S.MIAMI FL 33143	AHL.		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			4. FEI Nur
Zip	Country	Zip	Country		5. Certifica
6. Name and Address of Current Registered Agent				Nama	7. Name a
STONER, JONA 5835 COMMERC S.MIAMI FL 3314	E-LANE	, w u service	್ವೀಚ್ ≖	Street Add	lress (P.O. Box Nurr

## **FILED** Mar 31, 2003 8:00 am **Secretary of State**

03-31-2003 90285 020 \*\*\*150.00



12. 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 10 or Block 11 if changed, or on an attachment with ap

CITY-ST-ZIP

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

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STREET ADDRESS

CITY-ST-7IP

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