

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90190 031 \*\*\*150.00

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**DOCUMENT # M72915**

1. Entity Name

STANLEY L. STONE, C.P.A., P.A.



Principal Place of Business

% STANLEY L. STONE  
5161 COLLINS AVE., #1111  
MIAMI BCH. FL 33140

Mailing Address

1410 SO. OCEAN DR.  
806  
HOLLYWOOD FL 33019  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0038214

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, STANLEY L.  
1410 SO. OCEAN DR.  
#806  
HOLLYWOOD FL 33019

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
STONE, STANLEY L.  
1410 SO. OCEAN DR., #806  
HOLLYWOOD FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Anytime Phone #

CR2E034 (10/02)

Attachment  
Doc # M72915  
**STANLEY L. STONE, C.P.A., P.A.**

90138419

1410 SO. OCEAN DRIVE, SUITE 806  
HOLLYWOOD, FLORIDA 33019

TELEPHONE  
(954) 925-0676

FAX  
(954) 925-1832

May 29, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: 2003 Uniform Business Report

Gentlemen:

Today I spoke to Marie Jacobs in your office re my filing of the above report. My major client who died Last November owns a number of business enterprises in St. Petersburg. In the middle of April I traveled to St. Petersburg, related to estate work. I thought I would be back in my office in time to file and pay the Report, however there was more work to do and I just got back to Hollywood yesterday. Unfortunately

Due to my being out of town, my payment and filing will be late.

Marie Jacobs suggested I write this letter and possibly as a result of the circumstances, a penalty could be Avoided.

I would appreciate your abating the penalty.

Sincerely,

