

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99107

1. Entity Name

STONER & ASSOCIATES, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90023 044 \*\*\*150.00

Principal Place of Business

Mailing Address

% VERA-LYNN STONER  
1372 N UNIVERSITY DR  
PLANTATION FL 33322  
US

% VERA-LYNN STONER  
1372 N UNIVERSITY DR  
PLANTATION FL 33322-4734  
US

C0025507



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

James D. STONER  
Suite, Apt. #, etc.  
1372 N University Dr.  
City & State  
PLANTATION FL

James D. STONER  
Suite, Apt. #, etc.  
1372 N University Dr.  
City & State  
PLANTATION FL

4. FEI Number 65-0078695

Applied For  
Not Applicable

Zip 33322 Country US

Zip 33322 Country US

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

STONER, JAMES D  
5361 SW 20TH ST  
PLANTATION FL 33317

7481 NW 7 COURT  
PLANTATION, FL  
33317

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

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 \$150.00**  
**After MAY 1, 2000 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 P  
NAME STONER, JAMES D  
STREET ADDRESS 5361 SW 20 ST.  
CITY-ST-ZIP PLANTATION FL 33317

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Stoner

2/16/00

Date

Daytime Phone #

CR2E034 (9/99)