NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2002 8:00 am Secretary of State 03-26-2002 90063 021 ****61.25

DOCUMENT # / 1. Emity Name Stonewall Four		00120	07		20 2002 70003 02	01.20
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DO NOT WRITE IN THIS SPACE				B0050131		
2. Principal Place of Business 777 S. Harbor Island Blvd. 777 S. Harbor			sland Blvd.	lvd.		
Suite, Apt. #, etc. Suite, Apt. #, etc			<u> </u>	DO NOT WRITE IN THIS SPACE		
City & State		te 760 ity & State		4. FEI Number Applied For		
Tampa, FL 356		Tampa, FL Zip Country		59-3629619 5. Certificate of Status December 19 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	esired \$8.7	Not Applicable 75 Additional
33602	3360	02		7. Name and Address of Current Registered Agent		
Name Eri						
DU NOI VARILE Street Address				(P.O. Box Number is Not Acceptable) Kennedy Blvd. Suite 2700		
IN THIS SPACE						
			City Tampa	FL Zip Code 33602		
8. The above named entity subm	its this statement for the purp	oose of changing its reg		red agent, or both, in the sta	te of Florida.	
SIGNATURE	I name of registered agent and title if ap	plicable (NCTE: Re-	gistered Agent signature required	I when re-instating)	DATE	
FEE IS \$61.25 9. Election Campaign Fina Initial or Amended UBR Trust Fund Contribution				\$5.00 May Be Added to Fees	Make Check Pay Department of	
	OFFICERS AND DIRECTORS	S				
D/P/S/T NAME James K.	D/P/S/T James K. Murray, Jr.					12/01
STREET ADDRESS 777 S. Ha	ADDRESS 777 S. Harbor Island Blvd, Ste 760					
Tampa, FL	Tampa, FL 33602			···		CR2E037B
NAME Sandra H.	Sandra H. Murray 777 S. Harbor Island Blvd, Sté 760					0
Tampa, FL 33602			CITY-S1-ZIP			
NAME Michael S. Murray			TITLE NAME STREET ADDRESS	ومن المعلق المنازية والمعادمة المساعدة	دويد والتهييرة القوار عيس بالمعا	ا ساديم
	1,,, p. naipor istand bivd. 266 \00			DO NOT WRITE		
TITLE D	D			IN THIS SPACE		
STREET ADDRESS 777 S. Ha	/ // D. Harbor Island Rlvd					
Tampa, FL	33602	vd, 3EEE/60	CITY-ST-ZIP TITLE			
NAME Anthony S	Anthony Scott Lee					
SIREEI ADDRESS 777 S. Ha		lvd, Ste 760	STREET ADDRESS CITY-ST-ZIP	a.		
TITLE NAME			TIȚLE NAME			
STREET ADDRESS CITY-ST-ZIP]	STREET ADDRESS CITY-ST-ZIP		·	
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 617, Florida Statutes: and that my name appears in Block 10 or on an attachment with an address, with air other like empowered.						
SIGNATURE: SIGNATURE: Date District Physics #						