

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007457

1. Entity Name  
**HINSON STONER, INC.**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90071 042 \*\*\*150.00

Principal Place of Business

**1050 RIVERSIDE AVENUE  
POST OFFICE BOX 4550  
JACKSONVILLE FL 32201**

Mailing Address

**1050 RIVERSIDE AVENUE  
POST OFFICE BOX 4550  
JACKSONVILLE FL 32201**

2. Principal Place of Business  
**701 Fisk Street**

3. Mailing Address  
**701 Fisk Street**

Suite, Apt. #, etc.  
**Suite 110**

Suite, Apt. #, etc.  
**Suite 110**

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

Zip  
**32204**

Country  
**USA**

Zip  
**32204**

Country  
**USA**

4. FEI Number  
**59-3621457**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**YONG, FRANK J  
1050 RIVERSIDE AVENUE  
JACKSONVILLE FL 32201**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**701 Fisk Street  
Suite 110**  
City  
**Jacksonville** **FL** Zip Code  
**32204**

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, 2001 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

TITLE **D/P/S** ☐ Delete  
NAME **Linda Hinson**  
STREET ADDRESS **701 Fisk Street, Suite 110**  
CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE **D/T** ☐ Delete  
NAME **Frances Stoner**  
STREET ADDRESS **701 Fisk Street, Suite 110**  
CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Linda Hinson*  
**Linda Hinson, president**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/20/01 904-786-0730**

CR2E034 (10/00)