

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90048 017 ***550.00

DOCUMENT # **905000025288**

1. Entity Name
TRUE STONE CORPORATION

Principal Place of Business Mailing Address

2051 McQuillen Lane
Port St. Lucie FL 34952

2. Principal Place of Business

2051 McQuillen Lane

3. Mailing Address

2051 McQuillen Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

Port St. Lucie FL

Zip

34952

Country

U.S.

Zip

34952

Country

U.S.

4. FEI Number

65-1018286

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

John Sanchez

2051 McQuillen Lane

Port St. Lucie, FL 34952

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  DATE **Aug, 29, 2001**

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **President** ☐ Delete
NAME **Leonardo Sanchez**
STREET ADDRESS **2051 McQuillen Lane**
CITY-ST-ZIP **Port St. Lucie FL 34952**

TITLE **Secretary Treasurer** ☐ Change ☒ Addition
NAME **Lou Manion**
STREET ADDRESS **271 Lakehurst St.**
CITY-ST-ZIP **Port St. Lucie, FL 34952**

TITLE **Vice President** ☐ Delete
NAME **John Sanchez**
STREET ADDRESS **2051 McQuillen Lane**
CITY-ST-ZIP **Port St. Lucie FL 34952**

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

TITLE **Secretary Treasurer** ☐ Delete
NAME **Lou Manion**
STREET ADDRESS **271 Lakehurst St.**
CITY-ST-ZIP **Port St. Lucie FL 34952**

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

TITLE ☐ Delete
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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:  DATE **Aug. 29, 2001**

CR2E034 (5/01)