2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 08, 2001 8:00 am Secretary of State **DOCUMENT #** P00000027223 STONE HARBOR STATUARY, INC. 08-08-2001 90002 002 ***150.00 Principal Place of Business Mailing Address 6532 W. GULF TO LAKE HIGHWAY 6532 W. GULF TO LAKE HIGHWAY - OF CTALE CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 316-56-7520 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YORK, JAMES A Street Address (P.O. Box Number is Not Acceptable) 6532 W. GULF TO LAKE HIGHWAY **CRYSTAL RIVER FL 34429** Zip Code FL 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. SIGNÂTURE 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE (2/01) ☐ Defete TITLE ☐ Change ☐ Addition YORK, JAMES A NAME 6532 W. GULF TO LAKE HIGHWAY E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CRYSTAL RIVER FL 34429** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ 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:

STREET ADDRESS

CITY-ST-ZIP

7-30-01 Date

AHachment OHPWWW22333

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	Division of Corporations,
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	Business Report that I have
:	recieved. I was not purare
\	that it is due by may 1.
	In the future, I will be
	sure to have it on time.
	I am enclosing the 150.00
	filing fee. I hope this
	will be satisfactory.
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	Thankyou for your
	consideration.
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	Sincerely,
	Armes, a Unst
-	James a. York