

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name
STONEWOOD GROUP, INC. P00000043296

• (Old Address)

Principal Place of Business Mailing Address
295 Lorraine Dr - Suite B Same
Altamonte Springs, FL
32714

2. Principal Place of Business 3. Mailing Address
1454 Semoran Blvd - Suite A Post Box 720175

Suite, Apt. #, etc.
Suite A

City & State
Casselberry, Florida

Zip Country
32707 Seminole

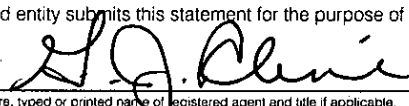
City & State
Orlando, Florida

Zip Country
32872-0175 Orange

6. Name and Address of Current Registered Agent
(Old Address)
G. J. Cline
207 O'Brien Rd - Suite 115-A
Fern Park, FL 32730

7. Name and Address of New Registered Agent
Name
G. J. Cline
Street Address (P.O. Box Number is Not Acceptable)
1454 Semoran Blvd
Suite A
City
Casselberry FL 32707

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  G. J. Cline 4-12-01
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD- ☐ Delete
G. J. Cline
1454 Semoran Blvd - Suite A
Casselberry, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

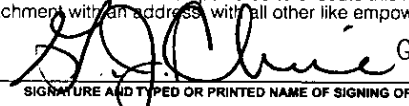
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:  G. J. Cline - PTSD 4-12-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91120 018 ***150.00

C0058481

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3648839
Applied For
Not Applicable

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

CR2E034 (1/1/00)