

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90126 006 \*\*\*150.00

0382137

**DOCUMENT # P00000066480**

1. Entity Name  
**STONEART FORMATION INC.**

Principal Place of Business  
**4684 YARMOUTH AVE. SOUTH**  
**ST. PETERSBURG FL 33711**

Mailing Address  
**4684 YARMOUTH AVE. SOUTH**  
**ST. PETERSBURG FL 33711**

2. Principal Place of Business  
**406 72nd Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**406 72nd Ave.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**ST. PETE BEACH**  
 Zip  
**33706**  
 Country  
**USA**

City & State  
**ST. PETE BEACH FL.**  
 Zip  
**33706**  
 Country  
**USA**

4. FEI Number  
**59 365 8108**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MEALING, JOHN E**  
**4684 YARMOUTH AVE. SOUTH**  
**ST. PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

Name  
**MEALING JOHN E**  
 Street Address (P.O. Box Number is Not Acceptable)  
**406 72nd Ave.**  
**ST. PETE BEACH**  
 City  
**FL** Zip  
**33706**

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 **JOHN E. MEALING** DATE **Mar 21/01**  
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 \$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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Mar 21/01** Daytime Phone # **363 4351 (722)**

CR2E034 (10/00)