

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081182

1. Entity Name

STONE TRADITIONS, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90284 007 \*\*\*150.00

Principal Place of Business

5169 EDGEWOOD CT  
JACKSONVILLE FL 32254

Mailing Address

5169 EDGEWOOD CT  
JACKSONVILLE FL 32254

D0041595



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5153 Edgewood Ct.  
Suite, Apt. #, etc.

3. Mailing Address

5153 Edgewood Ct.  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3673058

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEDRONI, W CRAIG  
5169 EDGEWOOD CT  
JACKSONVILLE FL 32254

7. Name and Address of New Registered Agent

Name

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

5153 Edgewood Ct.

City

FL

Zip Code

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

*W Craig Pedroni*

Signature of individual or named name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when re-stating)

04/20/01  
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                     | <input type="checkbox"/> Delete |
| NAME           | PEDRONI, W CRAIG      |                                 |
| STREET ADDRESS | 5169 EDGEWOOD CT      |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32254 |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | President                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                              |
| STREET ADDRESS | 2430 Plainfield Avenue    |                                                                              |
| CITY-ST-ZIP    | Orange Park, FL 32073     |                                                                              |
| TITLE          | Vice President            | Change <input checked="" type="checkbox"/> Addition                          |
| NAME           | Edu Villanueva            |                                                                              |
| STREET ADDRESS | 878 Nature View Lane West |                                                                              |
| CITY-ST-ZIP    | Jacksonville, FL 32217    |                                                                              |
| TITLE          | Secretary / Treasurer     | Change <input checked="" type="checkbox"/> Addition                          |
| NAME           | Pat A. Pedroni            |                                                                              |
| STREET ADDRESS | 2430 Plainfield Avenue    |                                                                              |
| CITY-ST-ZIP    | Orange Park, FL 32073     |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-ST-ZIP    |                           |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Pat A. Pedroni* Pat A. Pedroni, Sec./Treasurer 04/20/01 (904) 783-1690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1690

CR2E034 (10/00)