2001 UNIFORM BUSINESS REPORT (UBR)

P00000087150

DOCUMENT # — AMENDED —

1. Entity Name
INTERNATIONAL STONE CREATIONS, INC.

FILED
01 JUL 26 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300004524503--9
-08/08/01--01059--030
*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3119 MILLWOOD TERRACE M139 BOCA RATON, FL. 33431	3119 MILLWOOD TERRACE M139 BOCA RATON, FL. 33431

2. Principal Place of Business	3. Mailing Address
3119 MILLWOODTERRACE	3119 MILLWOODTERRACE
Suite, Apt. #, etc. M139	Suite, Apt. #, etc. M139
City & State BOCA RATON, FL.	City & State BOCA RATON, FL.
Zip 33431 Country PALM BEACH	Zip 33431 Country PALM BEACH

4. FEI Number 65-1037771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ASHLEY PAUL LANDER
3119 MILLWOOD TERRACE M139
BOCA RATON, FL. 33431

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 ______
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT ☒ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	JOHN PETER PERRY	NAME	ASHLEY PAUL LANDER
STREET ADDRESS	43 N.W. 45TH AVE. #208	STREET ADDRESS	3119 MILLWOOD TERRACE M139
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	CITY-ST-ZIP	BOCA RATON, FL. 33431
TITLE	☐ Delete	TITLE	☐ Change ☐ 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	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS	TS	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	

CR2E034 (11/00)

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: X [signature] 6-27-01 (561)417-7185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ASHLEY PAUL LANDER 6/27/01 (561)417-7185