

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000102731**

1. Entity Name

STONEBURD HOMES, INC.**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90015 016 ***150.00

642485

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3297 MONTANO AVE
SPRING HILL FL 34609

Mailing Address

3297 MONTANO AVE
SPRING HILL FL 34609

2. Principal Place of Business

5347 MOSQUERO ROAD

Suite, Apt. #, etc.

3. Mailing Address

5347 MOSQUERO ROAD

Suite, Apt. #, etc.

City & State

SPRING HILL, FL 34606

Zip

Country

City & State

SPRING HILL, FL 34606

Zip

Country

4. FEI Number

59-3702576

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****PRISK, DOUGLAS T**
3297 MONTANO AVE
SPRING HILL FL 34609**7. Name and Address of New Registered Agent**

Name

PRISK, DOUGLAS T.

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

5347 MOSQUERO ROAD

City

SPRING HILL**FL**Zip Code
34606

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRISK, DOUGLAS T 3297 MONTANO AVE SPRING HILL FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST PRISK, PAT H 3297 MONTANO AVE SPRING HILL FL 34609	<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	D/P PRISK, DOUGLAS T. 5347 MOSQUERO ROAD SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S/T PRISK, PATRICIA H. 5347 MOSQUERO ROAD SPRING HILL, FL 34606	<input checked="" 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

DOUGLAS T. PRISK

Date

4-16-01

Daytime Phone #

352-684-7819