## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

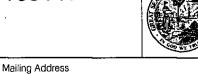
P00000109117

1077 LAKESIDE DRIVE

1. Entity Name STONE DUST, INC.

Principal Place of Business

1077 LAKESIDE DRIVE



**FILED** May 01, 2003 8:00 am Secretary of State

05-01-2003 90386 024 \*\*\*150.00

APOPKA FL 3	2712 APOPKA <sub>,</sub> FL 32712											
2. Principal Place of Business		3. Mai	3. Mailing Address						114   104 <del>0</del> 4   1104	1110 12181 1126	11011   1021   1021	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City	City & State		4	4. FEI Number 59-3694177		<u> </u>	pplied For ot Applicable			
Zip		Country	Zip	Zip Country			5	5. Certificate of Status Desired   \$8.75 Additional Fee Required				ditional
6. Name and Address of Current Registered Agent					- 7. Name and Address of New Registered Agent							
					Name							
Lear, Keith e					Street Address (B.O. Bay Number is Not Accombile)							
1077 LAK	ESIDE DRIVI	E STATE OF THE STA				Street Address (P.O. Box Number is Not Acceptable)						
APOPKA I		_										
AIOINAI	#·	•										
•		•				City				FL	Zip Cod	le
8. The above narged entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE _	Signature, typed o	r printed name of registered a	gent and title if app	licable. (NOTE: I	Registered	d Agent signature	e required wher	en reinsta	ating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fin     Trust Fund Contribution	on. $\Box$	Adde	00 May Be d to Fees		
10.		OFFICERS A	ND DIRECTO	RS	11.			ADDII	TIONS/CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11
TITLE	PTD			☐ Delete	TITLE				1		☐ Change	☐ Addition
NAME	LEAR, KEIT				NAME							
STREET ADDRESS CITY-ST-ZIP	APOPKA F	SIDE DRIVE L 32712				ET ADDRESS ST-ZIP						
TITLE	VPSD			☐ Delete	TITLE						☐ Change	☐ Addition
NAME	MCGUIRE,	MARY SUSAN			NAME	<u>:</u>						
STREET ADDRESS	603 BIMIO				STRE	ET ADDRESS						ļ
CITY-ST-ZIP	APOPKA F	L 32703			ÇITY-	ST-ZIP						
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **2**