2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 24, 2002 8:00 am Secretary of State DOCUMENT # P00000110545 1. Entity Name STONE MANAGEMENT, INC. 03-24-2002 90044 005 ***150.00 Principal Place of Business Mailing Address 46 N. WASHINGTON BLVD. 46 N. WASHINGTON BLVD. #1 SARASOTA FL 34236 SARASOTA FL 34236 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1068178 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATTERSON, JOHN ZABLUDOWSKI, DANIEL A ESQ Street Address (P.O. Box Number is Not Acceptable) C/O LITOW, CUTLER & ZABLUDOWSKI, LLC 46 N. WASHINGTON BLVD 350 E LAS OLAS BLVD, STE 1250 SUITE 1 FT LAUDERDALE FL 33301 Cit**SARASOTA** Zip Code 34236 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 e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE □ Change CR2E034 (9/01) Addition PETRIK, GERD NAME NAME STREET ADDRESS 635 S ORANGE AVE, STE 10 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME nakamoto, keri NAME STREET ADDRESS 635 S ORANGE AVENUE, SUITE 10 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 receive 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

FILED

(941)

Date

364-9609

Daytime Phone #