2001 UNIFORM BUSINESS REPORT (UBR)

ID TYPED OR PRINTED NAME OF SIGNING

FILED Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P00000111126 STONEBROOK CONSULTING, INC. 04-14-2001 90022 042 ***150.00 Principal Place of Business Mailing Address 7610 HIGHWAY 41 NORTH 7610 HIGHWAY 41 NORTH PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business Mailing Address K CON, BOX 568 4301 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LENTION Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired $\mathcal{O}_{\mathcal{A}}$ 205 4222 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRON, ANDRE R ESQ .O. Box Number is Not Acceptable) OZARK & PERRON, P.A. 2808 MANATEE AVENUE WEST **BRADENTON FL 34205** 74505 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 ared Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE DNSTD ☐ Delete ROGER HOUG NAME NAME STREET ADDRESS 32NOST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34<u>205</u> ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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 ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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