2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
04-24-2003 90120 024 ***150.00

DOCUMENT # P01000000014

1. Entity Name
STONE CIRCLE PRODUCTS, INC.

Principal Place of Business	Mailing Address
10610 DEVCO DR PORT RICHEY FL 34668	10610 DEVCO DR PORT RICHEY FL 34668

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8407 SUNNYDALE DR.	8407 SUNNYDALE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HUDSON, FL	City & State: HUDSON, FL
Zip: 34667 Country:	Zip: 34667 Country:

4. FEI Number 59-3694162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOLYARD, TIMOTHY 10610 DEVCO DR PORT RICHEY FL 34668	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BOLYARD, TIMOTHY 8407 SUNNYDALE DR HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEBRA ANN NEVILLE 15833 LANCER RD SPRING HILL, FL 34610	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOLYARD, THERESA 8407 SUNNYDALE DR HUDSON FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEBRA ANN NEVILLE 15833 LANCER RD SPRING HILL FL 34610	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARRIS, LOIS ANN 7030 WHISTETHORN CRT PORT RICHEY FL 34668	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHRISTOPHER GROSS 8342 PEORSA ST. SPRING HILL, FL 34608	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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: SIGNATURE REQUIRED 5-15-03 727-858-1931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #