

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

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90079 002 \*\*\*158.75

**DOCUMENT # P01000001088**

**1. Entity Name**  
**CORNERSTONE PROPERTIES & INVESTMENTS, INC.**



**Principal Place of Business**  
**9340 NORTH 56TH STREET**  
**SUITE 200B**  
**TAMPA FL 33617**

**Mailing Address**  
**9340 NORTH 56TH STREET**  
**SUITE 200B**  
**TAMPA FL 33617**

**2. Principal Place of Business**

**10030 Cross Creek Blvd**  
Suite, Apt. #, etc.

**3. Mailing Address**

**10115 Kingshyre Way**  
Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
**Tampa FL**

**City & State**  
**Tampa FL**

**4. FEI Number** **59-3697051**

**Applied For**  
**Not Applicable**

**Zip** **33647** **Country** **U.S.**

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

**6. Name and Address of Current Registered Agent**

**ECKHARDT, STEVEN**  
**10175 KINGSHYNE WAY**  
**TAMPA FL 33647**

**7. Name and Address of New Registered Agent**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PSTD** ☐ **Delete**  
**NAME** **ECKHARDT, STEVEN M**  
**STREET ADDRESS** **9340 NORTH 56TH STREET**  
**CITY-ST-ZIP** **TAMPA FL 33617**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **10115 Kingshyre Way**  
**CITY-ST-ZIP** **Tampa, FL 33647**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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**

**3-3-03**

**813-765-1182**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)