

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # P01000061650

1. Entity Name

KORNERSTONE Tops, Inc.

02 DEC -4 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6424 Pinecreek Blvd.

Suite, Apt. #, etc.

B

City & State

Orlando FL

Zip

32809

Country

Orange

3. Mailing Address

6424 Pinecreek Blvd.

Suite, Apt. #, etc.

B

City & State

Orlando, FL

Zip

32809

Country

USA

700008807197

11/05/02--01069--002 *\$150.00

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4. FEI Number

59-3728816

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL J LANE

Street Address (P.O. Box Number is Not Acceptable)

3380 CARDIGAN CT

City

ORLANDO

FL

Zip Code

32812

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

President
GRACE Lindblom
1000 LAKE ADRIAN DR
Orlando, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Vice President
Paul J Lane
3380 Cardigan CT
Orlando FL 32812

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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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 on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL J LANE

Date

10/26/02

Daytime Phone #

407-857-7979

CR2E034B (12/01)



6424 PINECSTLE BLVD STE.B ORLANDO, FL 32812
PHONE 407-857-7979 FAX 407-857-8016

To Whom It May Concern:

We never received the annual report, please waive any late fees; it would be greatly appreciated. Please reactivate our corporation.

Best regards;

A handwritten signature in black ink, appearing to read "Paul J. Lane", written over a horizontal line.

Paul J. Lane