

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

FILED

02 JUL 16 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000096839**

1. Entity Name

Pebblestone, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2920 EL PRADO

Suite, Apt. #, etc.

UNIT # 7

3. Mailing Address

2920 EL PRADO

Suite, Apt. #, etc.

UNIT # 7

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

Zip **33629**

Country **USA**

City & State

TAMPA FL

Zip **33629**

Country **USA**

4. FEI Number

59-3750022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Stephen A. Koch

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

One Tampa City Ctr Ste 3010

201 N. Franklin St.

City

Tampa

FL

33602

**DO NOT WRITE
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 - ST - ZIP

**PRESIDENT
SHARILYNN STONE
2920 EL PRADO # 7
TAMPA FL 33629**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**200006471622-1
-07/17/02-01056-027
***150.00-00-150.00**

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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 empowered.

SIGNATURE:

Shari Stone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/02 8138310033

Date

Daytime Phone #

CR2E034B (12/01)

7/16/02