

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

DOCUMENT # P01000111186

1. Entity Name
BELSTONE, INC.



FILED
Mar 11, 2003 8:00 am
Secretary of State

02-12-2003 90110 024 ***150.00

Principal Place of Business
1401 UNIVERSITY DRIVE SUITE 301
CORAL SPRINGS FL 33071

Mailing Address
1401 UNIVERSITY DRIVE SUITE 301
CORAL SPRINGS FL 33071



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
54-2064710

App. Fee
User App. Fee

Zip

Country

Zip

Country

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

WALTERS, DONALD R
1401 UNIVERSITY DRIVE SUITE 301
CORAL SPRINGS FL 33071

Name

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

City

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
Name typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1. Filing Fee is \$150.00

2. If the entity is a new corporation, the fee will be \$550.00

3. The fee is payable to the 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

NAME	DELETE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADD
D STONE, ROSS 4924 EGRET COURT COCONUT CREEK FL 33073	☐					☐	☐
D STONE, ROBIN 4924 EGRET COURT COCONUT CREEK FL 33073	☐					☐	☐
	☐					☐	☐
	☐					☐	☐
	☐					☐	☐
	☐					☐	☐

12. I, the undersigned, 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page 1 of 1