

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 PM 3:37

DOCUMENT # P02000041428

1. Entity Name

STONEHEDGE CONSTRUCTION &
DEVELOPMENT, INC.



DO NOT WRITE IN THIS SPACE

500023978135

10/21/03--01090--007 **150.00

REINSTATEMENT

03

2. Principal Place of Business
1322 N PINE HILLS ROAD

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State

4. FEI Number
02-0582480

Applied For
Not Applicable

Zip
32808

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
EDDIE A. BENEVIDES

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

1322 N PINE HILLS ROAD

City
ORLANDO

FL

Zip Code
32808

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, the registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

10/18/03
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDDIE BENEVIDES, PD 1322 N PINE HILLS ROAD ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03
Date

407-299-2999
Daytime Phone #

CR2034B (12/02)

10/14/03