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Jun 16, 2003 8:00 am
Secretary of State
05-06-2003 90030 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55048599

DOCUMENT # P02000053854

1. Entity Name
CLASSICAL STONE, INC.

Principal Place of Business	Mailing Address
397 SANDALWOOD LANE BOCA RATON, FL 33487	397 SANDALWOOD LANE BOCA RATON, FL 33487

[redacted]

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
CLASSICAL Stone Inc	CLASSICAL Stone INC
Suite, Apt. #, etc.: 2510 NW 2ND Ave	Suite, Apt. #, etc.: 397 SANDALWOOD LN
City & State: BOCA RATON FL	City & State: BOCA RATON. FL
Zip: 33431 Country: USA	Zip: 33487 Country: USA

4. FEI Number: 75-3065278 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POOLE, DOLORES
397 SANDALWOOD LANE
BOCA RATON, FL 33487

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: Dolores M Poole DATE: 4-28-03

FILING FEE: $150.00
Mail to: Amendment Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POOLE, DOLORES 397 SANDALWOOD LANE BOCA RATON, FL 33487	☐ Delete	V.P. David Poole 397 SANDALWOOD LN BOCA RATON FL 33487	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Dolores M Poole 4-28-03 561-362-0701
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #