


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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90174 039 ***150.00

DOCUMENT # P 02000060221	
1. Entity Name CORNERSTONE ENTERPRISES 2002, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P O Box 517		3. Mailing Address P O Box 517	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OLCOEE FL	City & State OLCOEE, FL	4. FEI Number 01-0708518	
Zip 34761	Country USA	Zip 34761	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name GRAHAM, JAMES E	
	Street Address (P.O. Box Number is Not Acceptable) 1324 VIC-KAY COURT	
	City WINTER GARDEN	FL Zip Code 34787

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 _____ (NOTE: Registered Agent signature required when renewing) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GRAHAM, CAROLE E 1324 VIC-KAY COURT WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **James Graham** 5/23/03 407 656-0797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/02)