

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91787 003 \*\*\*150.00

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

DOCUMENT # P02000068041

1. Entity Name

Stone Veneer Designs by Gladstone, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1445 East Airport Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1445 East Airport Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Sanford

City &amp; State

Sanford

4. FEI Number

01-0729506

Applied For

Not Applicable

Zip

32773

Country

USA

Zip

32773

Country

USA

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

## 7. Name and Address of Current Registered Agent

Name

W. Daniel Gladman

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

101 West Crystal Drive

City

Sanford

FL

Zip Code

32773

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

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 President

NAME W. Daniel Gladman

STREET ADDRESS 101 W. Crystal Drive

CITY - ST - ZIP Sanford FL 32773

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE Vice-President

NAME Jeffery M. Laux

STREET ADDRESS 5316 Clubside Drive

CITY - ST - ZIP Longwood FL 32779

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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

05/01/03

Date

Daytime Phone #