

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-11-2003 90170 001 ***150.00

DOCUMENT # P02000069502

1. Entity Name
TOSCANNA STONE, INC.



Principal Place of Business
**28499 LAS PALMAS CIRCLE
BONITA SPRINGS FL 34135**

Mailing Address
**28499 LAS PALMAS CIRCLE
BONITA SPRINGS FL 34135**



2. Principal Place of Business

12523 WILDCAT COVE CIR.

Suite, Apt. #, etc.

3. Mailing Address

12523 WILDCAT COVE CIR.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ESTERO, FL

City & State
ESTERO, FL

4. FEI Number
74-3051636

Applied For
☐ Not Applicable

Zip
33928

Country

Zip
33928

Country

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

6. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS INC
283 CATALONIA AVE 2FL
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **SCOTT SADLER**
Street Address (P.O. Box Number is Not Acceptable)
12523 WILDCAT COVE CIR.
City **ESTERO** FL **33928**

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 *Scott Sadler* **SCOTT SADLER** **9 APR 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **SADLER, SCOTT**
STREET ADDRESS **28499 LAS PALMAS CIR**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☐ Addition
NAME **SADLER, SCOTT**
STREET ADDRESS **12523 WILDCAT COVE CIR.**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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 Block 11 if changed, or on an attachment with an address with all other like empowered. (239)

SIGNATURE *Scott Sadler* **SCOTT SADLER** **9 APR 2003** **949-8660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)