

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90149 025 \*\*\*150.00

**DOCUMENT # P02000073646**

1. Entity Name  
**STONECRAFTS, INC.**



Principal Place of Business  
**4506 HAZELGROVE DR.  
ORLANDO FL 32818**

Mailing Address  
**4506 HAZELGROVE DR.  
ORLANDO FL 32818**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**593091475**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIKEMAN, LLOYD B  
4506 HAZELGROVE DR.  
ORLANDO FL 32818**

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

*Lloyd B. Dikeman*

**8/26/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **DIKEMAN, LLOYD B**  
STREET ADDRESS **4506 HAZELGROVE DR.**  
CITY-ST-ZIP **ORLANDO FL 32818**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

SIGNATURE:

*Lloyd B. Dikeman*

**8/26/03**

(RE11)

**321-229-4131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

86147925

PO2000073646

8/26/03

DEAR SIR'S OR MADAM

I DID NOT RECIVE A FIRST NOTICE  
OF THIS REPORT AND WAS UNAWARE OF  
THE REQUIREMENT TO REFILE, UNTIL MY  
ACCOUNTANT, CALLED ME TO SEE IF THE  
REPORT HAD BEEN MAILED. TRANTICLO I  
HURRIED TO COMPLETE IT. I APPOLOGIZE,  
FOR THIS IS MY FIRST YEAR IN  
BOISNESS, AN DID NOT KNOW OF THIS  
REPORT. ENCLOSED IS A CHECK FOR THE  
\$150.00 FILING FEE, IF YOU COULD PLEASE  
WAIVE THE PENALTY FEE FOR FILING  
LATE I WOULD BE VERY GRATEFULL TO  
YOU! AND WILL NOT BE LATE AGAIN  
NEXT YEAR!

THANK YOU!

CLOYD B. DIKEMAN

STONECRAFT'S INC.

*Cloyd B. Dikeman*

321-229-4131 (CELL)

407-290-3053 (HOME) AFTER 6PM.