

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90069 025 ***150.00

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DOCUMENT # P02000073687

1. Entity Name
THE FLAGSTONE GROUP, INC



Principal Place of Business
3935 CHICORA WOOD PLACE
JACKSONVILLE FL 32224

Mailing Address
3935 CHICORA WOOD PLACE
JACKSONVILLE FL 32224

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address
10920 Baymeadows Rd
Suite, Apt. #, etc.
Ste 27 Box 143
City & State
Jacksonville, Florida
Zip Country
32256 Duval



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3858255 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
AMERSON, GLENN
3935 CHICORA WOOD PLACE
JACKSONVILLE FL 32224

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 *DA Am* (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 ☐ **\$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 AMERSON, GLENN ALLEN 3935 CHICORA WOOD PLACE JACKSONVILLE FL 32224 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRIEGER, KRISMAN 550 LAKE ROAD PONTE VEDRA BCH. FL 32082 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRIEGER, KURT POST OFFICE BOX 465 EMIGSVILLE PA 17318 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COMBS, CLYDE JR. 499 CINNAMON DRIVE SATELLITE BCH. FL 32937 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *DA Am* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **8/1/03** **Date** **Daytime Phone #**

CR2E034 (4/03)

Attachment



80143926
#P02000073687

July 25, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Enclosed is our 2003 Uniform Business Report and check for the filing fee. We ask that you please waive the \$400.00 penalty, as this is the first notice we received.

If you have any questions or need additional information, please call me at (904) 739-1022

Best Wishes

Jennifer M. Cody

Jennifer M. Cody
Office Manager