## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000084959 **DOCUMENT #**

1. Entity Name

STONE AUTOMOTIVE GROUP, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90468 030 \*\*\*158.75

						SOO WE THE					
Principal Place of Business 609 CHANNING DRIVE PALM HARBOR FL 34684			609	Mailing Address 609 CHANNING DRIVE PALM HARBOR FL 34684				I FERNYERI TIK BANKA MANI ABANK	OM POM DOM	<b>a</b> ith <b>an a</b> igh a thir	#! <b>#</b> !!## ! <b>#</b> !! ] <b>#</b>
2. Principal	Place of Busir	ness	3. Ma	3. Mailing Address							
Suite, Apt	. #, etc.		Sui	Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKING	CHANGES	3
City & State				City & State			4.	4. FEI Number Applied For Not Applicable			
ZipCountry				Zip Country			5.	Certificate of Status Desired	1	8.75 Ad	lot Applicable Iditional
	6. Name	and Address of Cu	rrent Register	ed Agent	1		7	Name and Address of New I			
		· · · · · · · · · · · · · · · · · · ·			,	Name		Traine and Address of New I	registered A	geni	
STONE, DAVID J											
	NNING DRIN	Æ		Street Address			ss (P.O.	Box Number is Not Acceptable	e)		
,					}			<del></del>			
PALM PA	NRBOR FL 3	4004									
						City			FL	Zip Cod	
8. The above the obligation	e named entity tions of regist	y submits this statem ered agent.	ent for the purp	ose of changing its	registere	d office or regis	stered a	gent, or both, in the State of Fl	orida. I am fa	miliar with,	and accept
SIGNATURE .	.Signature, typed	or printed name of registered	agent and title if app	olicable. (NOTE	: Registered	Agent signature requ	ired when i	reinstating)	DATE		<del>_</del> _
				<u> </u>		•		<del></del>		***	
Afte	r May 1, 200	! FEE IS \$150.00  3 Fee will be \$550   Florida Departme	0.00					Election Campaign Fire Trust Fund Contribution		<b>\$5.0</b> Adde	<b>)0</b> May Be d to Fees
10.											
	PD	UFFICERS	AND DIRECTO		11.		ΑI	ODITIONS/CHANGES TO OFF			S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STONE, D 609 CHAN	AVID J INING DRIVE RBOR FL 34684		Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition
TITLE NAME	TAGWIN	10011 1 1 0 100 4		☐ Delete	TITLE					Change	Addition
STREET ADDRESS  CITY-ST-ZIP	-	حيد ودر المستدان الميداد		_		T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			,	Change	☐ Addition
TITLE NAME	1	***************************************	·	☐ Delete	TITLE				· <del>-</del> - , ,	Change	Addition
STREET ADDRESS CITY-ST-ZIP					STREET City-S	T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			(	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			☐ Delete	TITLE NAME STREET	ADDRESS			[	Change	☐ Addition
					CITY-S						
12. Thereby c	ertify that the	information supplied	with this filing	does not qualify for	the exem	ption stated in S	Section	119.07(3)(i), Florida Statutes. I	further certif	that the in	nformation

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 attackment with an address, with all other rise empowered.

SIGNATURE: