**FILED** 

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

Jul 14, 2003 8:00 am Secretary of State P02000091624 DOCUMENT # 07-14-2003 90330 036 \*\*\*150 00 1. Entity Name CONCEPTS IN STONE AND WOOD, INC. Mailing Address Principal Place of Business 1. 9329 LAKE ABBY LANE 9329 LAKE ABBY LANE **BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135** 2. Principal Place of Business 9201 Brookwood 3. Mailing Address 9201 Ba Brookwood Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 30 - 01 0 382 7 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEDINA, DANIEL A Street Address (P.O. Box Number is: Not Acceptable) \_\_\_\_\_ 9329 LAKE ABBY LANE **BONITA SPRINGS FL 34135** City 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 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 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME MEDINA, DANIEL A NAME 2650 FOUNTAIN VIEW CIR #106 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MEDINA, ALFONSO NAME NAME 9329 LAKE ABBY LN STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition FERRIS, IVAN R NAME NAME STREET ADDRESS 1873 54 TERR SW STREET ADDRESS NAPLES FL 34116 CITY-ST-ZIP CITY-ST-ZIP DINECTOR Addition TITLE ☐ Delete TITLE Change PAUL WIDHALM NAME NAME STREET ADDRESS STREET ADDRESS 25152 GUAF LAKE CINCUE CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 suppliemental 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 attact ment with an address, with all other, like empowered.

SIGNATURE:

PUZU OINE IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR