

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90059 031 ***150.00

DOCUMENT # P02000094324

1. Entity Name

STONE DISTRIBUTORS OF CENTRAL FLORIDA, INC.



Principal Place of Business

25848 PINEHURST ST
MY. PLYMOUTH FL 32776

Mailing Address

25848 PINEHURST ST
MY. PLYMOUTH FL 32776

2. Principal Place of Business

620 South Hawthorne Ave

3. Mailing Address

620 South Hawthorne Ave

Suite, Apt. #, etc.

Apopka

Suite, Apt. #, etc.

Apopka

City & State

Fla

City & State

Fl

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

51-0429438

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

32703

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERGUSON, PATTI A 25848 PINEHURST ST MY. PLYMOUTH FL 32776	<input type="checkbox"/> Delete
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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:

Patti A. Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/10/03 Daytime Phone # 407-884-9919

CR2E034 (10/02)