

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063687

1. Entity Name

SID STONE SALES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90053 049 ***150.00

Principal Place of Business

7905 TRAVELER TREE DR
 BOCA RATON FL 33433

Mailing Address

7905 TRAVELER TREE DR
 BOCA RATON FL 33484-6417
 US

2. Principal Place of Business

6152 VIA VENETIA N

Suite, Apt. #, etc.

3. Mailing Address

6152 VIA VENETIA N

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

65-0479719

Applied For

Not-Applicable

Zip

Country

33484

USA

Zip

Country

33484

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YALE, ARTHUR
 7905 TRAVELER TREE DR
 BOCA RATON FL 33438

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6152 VIA VENETIA N

City

DELRAY BEACH

FL

Zip Code

33484

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
 NAME YALE, ARTHUR
 STREET ADDRESS 7905 TRAVELERS TREE DRIVE
 CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 6152 VIA VENETIA N
 CITY-ST-ZIP DELRAY BEACH FL 33484

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

Date

661-488-3500

Daytime Phone #

CR2E034 (9/99)