

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000064971****1. Entity Name**
STONE LOCK SYSTEMS, INC.**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90646 001 ***300.00

Principal Place of Business1349 EAST MAIN STREET
LAKELAND FL 33801**Mailing Address**1349 EAST MAIN STREET
LAKELAND FL 33801**2. Principal Place of Business**

1329 EAST MAIN ST.

Suite, Apt. #, etc.

3. Mailing Address

1329 EAST MAIN ST.

Suite, Apt. #, etc.

City & State**City & State****4. FEI Number** 59-3206875**Applied For**

Not Applicable

Zip**Country****Zip****Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**STONE, PAUL
1349 EAST MAIN ST
LAKELAND FL 33801**Name****Street Address (P.O. Box Number is Not Acceptable)**

1329 EAST MAIN ST.

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.****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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** P ☐ Delete
NAME STONE, PAUL G.
STREET ADDRESS 2808 AVENUE V, N.W.
CITY-ST-ZIP WINTER HAVEN FL**TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS 2808 AVENUE U, N.W.
CITY-ST-ZIP 33881**TITLE** ST ☐ Delete
NAME MCGUIRE, BILLY
STREET ADDRESS 1307 ARIANA WOODS CIR
CITY-ST-ZIP AUBURNDALE FL 33823**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL STONE

4/27/01

Date

(863) 688-1627

Daytime Phone #

CR2E034 (10/00)