2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

P94000018180

STONE REAL ESTATE, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90023 039 ***150.00

Principal Place of Business 2011 COCONUT DRIVE FORT PIERCE FL 34949-3347		Mailing Address 2011 COCONUT DRIVE FORT PIERCE FL 34949-3347					
2. Principal Place of Business		3. Mailing Address			(D) (D)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKI	NG CHANGE:	3	
City & State		City & State		4. FE! Number 65-0469103 Applied For			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 A		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registere	Fee Requir	ed	
			Name				
STONE,			Street Addres	ss (P.O. Box Number is Not Acceptable)			
	CONUT DRIVE						
FORT PIL	ERCE FL 34949-3347						
			City	F	Zip Cod	de	
8. The above	e named entity submits this statement for ations of registered agent.	the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I ar		and accept	
	and of tograterod agent.					İ	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NO	TE: Registered Agent signature requi	(rod whee rejectories)			
F	FILE NOW!!! FEE IS \$150.00			Ired when reinstating) DATE			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				 Election Campaign Financing Trust Fund Contribution. 		0 May Be d to Fees	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11	
TITLE • NAME STREET ADDRESS CITY-ST-ZIG	D STONE, IRV 2011 COCONUT DRIVE FORT PIERCE FL 34949-3347	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE		□ Delete	TITLE		☐ Change		
NAME			NAME		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	•			
TITLE		Delete	CITY-ST-ZIP		☐ Change	Addition	
STREET ADDRESS			NAME		Onlyingo		
CHTY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE				
NAME			NAME		Change	Addition	
STREET ADDRESS			STREET ADDRESS				
TILE	:		CITY-ST-ZIP				
IAME		☐ Delete	TITLE NAME		☐ Change	☐ Addition	
TREET ADDRESS			STREET ADDRESS				
ITY-ST-ZIP			CITY-ST-ZIP				
ITLE		☐ Delete	TITLE	-	☐ Change	☐ Addition	
AME Treet address			NAME		o.lange		
ITY-ST-ZIP			STREET ADDRESS	·			

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: