FILED Apr 08, 2002 8:00 am

2002 Uniform Business Report (UBR)

DOCUMENT # P95000024500 Secretary of State 1. Entity Name GLOBAL STONE COMPANY 04-08-2002 90069 050 ***150.00 Principal Place of Business Mailing Address 2241 SW 180TH AVE 2241 SW 180TH AVE MIRAMAR FL 33029 MIRAMAR FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, étc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0627234 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MADDUX, LISA G 2241 SW 180TH AVE MIRAMAR FL 33029 City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT CR2E034 (9/01 TITI F ☐ Addition TITLE Delete MADDUX, LISA 7/20 46= AVE N MADDUX, LISA NAME NAME 46 2241 SW 180TH AVE STREET ADDRESS STREET ADDRESS MIRAMAR FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition **VPS** ☐ Delete TITLE EO TITLE MADDUX, ROBE 3120 46= AVE MADDUX, ROBERT B NAME NAME 2241 SW 180TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME NAME VIVIAN STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Date

Daytime Phone #