## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P95000044202

1. Entity Name

STONE GOLF, INC.



FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90249 019 ***150 00

				'							
Principal Place of Business 635 S ORANGE AVENUE #10 SARASOTA FL 34236		46 N. #1	Mailing Address 46 N. WASHINGTON BLVD. #1 SARASOTA FL 34236			,	1 <b>: 00</b>	HINDE IIO INIQE AIRII ANIII NGII	 1 <b>40</b> 111 <b>40</b> 511 <b>6</b> 61	- 0/4 01810 (40 <sup>6</sup> 4	MARIA (RAL JAA)
us											
2. Principal Place of Business 3600 TORREY PINES BLVD. 3. Mailing Address							1 100		I <b>Bu</b> ill <b>Bu</b> ill <b>1</b> 4	10 <b>0</b> 16 10 13 0 13	<b>PULLO 1181 188</b> 1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			. 4	4. FEI Nur	<sup>mber</sup> 65-0645212		<del></del>	pplied For
SARASOTA, FL Zip Country			Zip Country					00 00 102 12		\$8.75 Ad	lot Applicable
34238-2827		2.0			5.		5. Certifica	ate of Status Desired		Fee Requir	
	6. Name and Address of Current	Register	ed Agent	-		7	7. Name a	and Address of New R	egistered A	gent	
PATTERSON, JOHN					Name						
PATTERSON, JOHN 46 N WASHINGTON BLVD #1				Street Address (P			P.O. Box Number is Not Acceptable)				
SARASOTA FL 34236											
					City				FL	Zip Co	de
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								Election Campaign Fin Trust Fund Contribution		<b>\$5.</b> 0 Adde	00 May Be ed to Fees
10.				11.			ADDITION	NS/CHANGES TO OFF	CERS AND	DIRECTO	R\$ IN 11
TITLE	DPT		☐ Delete	TITLE						XXChange	☐ Addition
NAME STREET ADDRESS	PETRIK, GERD 635 S ORANGE AVE., #10			NAME STREET A	Address	3600	TOR	REY PINES	BI.VD.		
CITY-ST-ZIP	SARASOTA FL 34236			CITY-ST				, FL 34238			_
TITLE	VPS		☐ Delete	TITLE						<b>XX</b> Change	☐ Addition
NAME STREET ADDRESS	NAKAMOTO, KERI 635 S ORANGE AVE., #10			NAME STREET A	ADDRESS	3600	TOR	REY PINES	BLVD.		
CITY-ST-ZIP	SARASOTA FL 34236			CITY-ST		SARA	SOTA	, FL 34238	-2827		ĺ
TITLE	नावस्तात् <del>व्यवस्तात् वावस्तात् । । । । । । । । । । । । । । । । । । ।</del>		☐ Delete	TITLE T		غرم دي ک	C	- Parties	<u> </u>	Change	Addition
NAME STREET ADDRESS				NAME STREET A	ADDRESS						
CITY-ST-ZIP				CITY-ST-	I .						
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS				NAME STREET A	ADDDECE						l
CITY-ST-ZIP				CITY-ST-	- 1						Í
TITLE			☐ Delete	TITLE				· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME			·	NAME							
STREET ADDRESS CITY-ST-ZIP				STREET A	- 1						
TITLE			☐ Delete	TITLE	-+		<del></del>	<del></del>		☐ Change	Addition
NAME				NAME	[					-	
STREET ADDRESS CITY-ST-ZIP				STREET A			-				
				0111-31-							

12. I hereby certify that the information supplied with this filling 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:

(941)929-1052

Date

Daytima Phone #