

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90262 021 ***150.00

DOCUMENT # **P 95000063796**

1. Entity Name

STONE HILL CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

16526 LAKE SHORE DRIVE
CLERMONT, FL 34711

C0073780

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

16526 LAKESHORE DRIVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

City & State

CLERMONT, FL

Zip

Country

Zip

Country

34711

LAKE

4. FEI Number

Applied For

59-3345938

Not Applicable

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

RICHARD S. BERGHOLTZ, P.A.

P.O. Box 1789

411 NORTH DONNELLY STREET, STE. 207

MOUNT DORA, FL 32756-1789

Name

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

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 **PRESIDENT** ☐ Delete
NAME **H.A. CANOARS JR**
STREET ADDRESS **P.O. Box 645**
CITY-ST-ZIP **MINNEOLA, FL 34755**

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

TITLE **DIRECTOR** ☐ Delete
NAME **GORDON L. CANOARS**
STREET ADDRESS **P.O. Box 247**
CITY-ST-ZIP **MINNEOLA, FL 34755**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **H.A. Canoars Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/15/01 407-947-3304

CR2E034 (11/00)