

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90208 023 ***150.00

032747 AV

DOCUMENT # P95000064006

1. Entity Name

CORNERSTONE AND ASSOCIATES, INC.

Principal Place of Business

**4044 NE 7TH AVE.
 FORT LAUDERDALE FL 33334
 US**

Mailing Address

**4044 NE 7TH AVE.
 FORT LAUDERDALE FL 33334
 US**

2. Principal Place of Business

1326 SE 17th St.

3. Mailing Address

CORNERSTONE & ASSOC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#239

1312 MANGO ISLE

City & State

City & State

FT. LAUDERDALE, FL.

FT. LAUDERDALE, FL.

Zip

Zip

Country

Country

33315

USA

33315

USA

6. Name and Address of Current Registered Agent

**FOGLE, JUDY D
 1312 MANGO ISLE
 FT. LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **P** ☐ Delete
 NAME **FOGLE, JUDY D.**
 STREET ADDRESS **1312 MANGO ISLE**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *Judy D. Fogle Pres* **JUDY D. FOGLE PRES. 4-22-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)