## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

P95000076983 DOCUMENT # 1. Entity Name

STONECRAFTERS OF PINELLAS, INC.



Principal Place of Business

13144 PARK BLVD.

#E

SEMINOLE FL 33776

Mailing Address

13144 PARK BLVD.

#E

SEMINOLE FL 33776

| 2. Principal Place of Business | 3. Mailing Address  |  |  |  |  |  |
|--------------------------------|---------------------|--|--|--|--|--|
| 6035 missouri AVE              | 1003 5 missouri AVE |  |  |  |  |  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |  |  |  |  |  |

**FILED** Jul 24, 2003 8:00 am Secretary of State

07-24-2003 90110 005 \*\*\*150.00



| (003 S                 | Emissouri AVE   | 10035 mis                        | Souri A                     | VE.  |  |               |                               |  |
|------------------------|---|----------------------------------|-----------------------------|--|--|---------------|-------------------------------|--|
| Suite, Apt.            |   |                                  |                             |  | CHECK HERE IF MAKING CHANGES                         |               |                               |  |
| Clear                  | water, FL   | Clear Wate                       | s.FL                        | 4. F   | El Number <b>65-0616894</b>                          |               | Applied For<br>Not Applicable |  |
| 337                    | SQ Country<br>USA   | 33756                            | Country                     | <b>5.</b> C  | Certificate of Status Desired                        | \$8.75 A      | dditional<br>red              |  |
|                        | 6. Name and Address of Current F  | Registered Agent                 |                             | 7, N   | ame and Address of New Registered                    | Agent         |                               |  |
| Name                   |   |                                  |                             |  |  |               |                               |  |
| MELUCCI, DENNIS        |   |                                  | 1-2                         |  |  |               |                               |  |
| 13144 PARK BLVD.       |   |                                  | Street Add                  | Street Address (P.O. Box Number is Not Acceptable) |  |               |                               |  |
| #E                     |   |                                  | T                           |  |  |               |                               |  |
|                        | F F1 00770  |                                  |                             |  |  |               |                               |  |
| 2EMINUL                | E FL 33776  |                                  | City                        |  | Fl   | _   Zip Co    | de                            |  |
| 8. The above           | named entity submits this statement for   | the nurnose of changing its re   | i<br>enistered office or re | nistered ane                                       | ent or both in the State of Florida I am             | familiar with | and accent                    |  |
|                        | tions of registered agent.  | the purpose of entanging to re   | agiotora a amoc of ro       | giolorou ago                                       | and of body, in the state of horiza. Tall            | ianimai mi    | i, and dooopt                 |  |
|                        |   |                                  |                             |  |  |               |                               |  |
| SIGNATURE              |   |                                  |                             |  |  |               |                               |  |
|                        | Signature, typed or printed name or registered agent at   | ind true if applicable. (NOTE: F |                             | required when reir                                 | nstating) DATE                                       |               |                               |  |
| After Se               | ILE NOW!!! FEE IS \$550.00<br>ptember 10, 2003 Fee will be \$750.<br>k Payable to Florida Department of | 00<br>State                      |                             |  | Election Campaign Financing Trust Fund Contribution. |               | 00 May Be<br>ed to Fees       |  |
| 10.                    | OFFICERS AND D  |                                  | 11.                         |  | DITIONS/CHANGES TO OFFICERS AN                       | D DIDECTO     | DC 151 44                     |  |
|                        | PST OFFICERS AND E  |                                  |                             | ADL  | DITIONS/CHANGES TO OFFICERS AN                       |               |                               |  |
| :JITLE<br>NAME         | MELUCCI, DENNIS P   | ☐ Delete                         | TITLE                       |  |  | ☐ Change      | ☐ Addition                    |  |
| STREET ADDRESS         | 13144 PARK BLVD. #E   |                                  | STREET ADDRESS              |  |  |               | }                             |  |
| CITY-ST-ZIP            | SEMINOLE FL 33776   |                                  | CITY-ST-ZIP                 |  |  |               | Ì                             |  |
|                        | OLIMITOLE 12 GOTTO  |                                  | ╉───┼                       |  |  |               |                               |  |
| TITLE                  | ÷.  | ☐ Defete                         | TITLE                       |  |  | ☐ Change      | ☐ Addition                    |  |
| NAME<br>STREET ADDRESS | ,   |                                  | NAME<br>STREET ADDRESS      |  |  |               | Ì                             |  |
| CITY-ST-ZIP            | •   |                                  | CITY-ST-ZIP                 |  |  |               |                               |  |
|                        | <del></del>   | <u> </u>                         |                             |  |  |               |                               |  |
| TITLE                  |   | ☐ Delete                         | TITLE                       |  |  | Change        | Addition                      |  |
| NAME<br>STREET ADDRESS |   |                                  | NAME<br>STREET ADDRESS      |  |  |               |                               |  |
| CITY-ST-ZIP            |   |                                  | CITY-ST-ZIP                 |  |  |               | }                             |  |
|                        | <del></del>   |                                  |                             |  |  |               |                               |  |
| TITLE                  |   | ☐ Delete                         | TITLE                       |  |  | Change        | Addition                      |  |
| NAME<br>STREET ADDRESS |   |                                  | NAME<br>STREET ADDRESS      |  |  |               | ļ                             |  |
| CITY-ST-ZIP            |   |                                  | CITY-ST-ZIP                 |  |  |               | -                             |  |
|                        |   | <del>-, - <u>-</u></del>         |                             |  |  |               | <u> </u>                      |  |
| TITLE                  |   | Delete                           | TITLE                       |  |  | ☐ Change      | ☐ Addition ☐                  |  |
| NAME<br>STREET ADDRESS |   |                                  | NAME<br>STREET ADDRESS      |  |  |               | (                             |  |
| CITY-ST-ZIP            |   |                                  | CITY-ST-ZIP                 |  |  |               | }                             |  |
|                        |   |                                  | <b>}</b>                    |  |  |               |                               |  |
| TITLE                  |   | Delete                           | TITLE                       |  |  | ☐ Change      | ☐ Addition                    |  |
| NAME                   |   |                                  | NAME                        |  |  |               | }                             |  |
| STREET ADDRESS         |   |                                  | STREET ADDRESS              |  |  |               |                               |  |
| CITY-ST-ZIP            | L   |                                  | CITY-ST-ZIP                 |  |  |               |                               |  |

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:

SIGNATURE DAME OF SIGNING OFFICER OR DIRECT

attachment # 195000076983



## STONECRAFTERS OF PINELLAS INC.

603 S. Missouri Avenue Clearwater, Florida 33756 727-461-9655 ph 727-461-9660 fx

July 21, 2003

Florida Department of State Secretary of State Glenda E. Hood DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314

Dear Madam:

We are writing to advise you that we did not receive any notice of the Filing Fee and would ask that the penalties be waived in light of this fact.

Enclosed please find our check for the required fee as well as our completed report as required.

Thank you, we appreciate your consideration in this matter.

Semetti'

Sincerely,

Elizabeth Ferretti Office Manager

STONECRAFTERS OF PINELLAS INC.

Encl. (2)