

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012756

1. Entity Name

LIVING STONES, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90221 012 \*\*\*550.00

Principal Place of Business

9371 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065

Mailing Address

9371 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065

2. Principal Place of Business

9371 W. Sample Road  
Suite, Apt. #, etc.

3. Mailing Address

9371 W. Sample Road  
Suite, Apt. #, etc.

City & State

Coral Springs, Florida

City & State

Coral Springs, Florida

Zip

33065

Country

Broward

Zip

33065

Country

Broward

4. FEI Number

65-0642379

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SITTON, ROBERT W  
9371 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name Denise + William Jones  
Street Address (P.O. Box Number is Not Acceptable) 9371 W. Sample Road  
City Coral Spring FL Zip Code 33065

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 Denise Jones

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/10/2000  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D	<input checked="" type="checkbox"/> Delete
NAME	SITTON, ROBERT W	
STREET ADDRESS	105 N.W. 104TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SITTON, EVELYN C	
STREET ADDRESS	105 N.W. 104TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Jones	
STREET ADDRESS	7097 NW 78th Pl	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William H. Jones	
STREET ADDRESS	7097 NW 78th Place	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/2000  
Date

954-341-9418  
Daytime Phone #

CR2E034 (5/00)