

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN -2 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

P96000012756

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2560 N University Dr

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

CORAL SPRINGS

City & State

SAME

Zip

Country

33065 USA

Zip

Country

4. FEI Number

65 0642379

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DENISE E WILLIAM JONES

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

2560 N. University Dr

City

CORAL SPRINGS

FL

Zip Code

33065

DO NOT WRITE
IN THIS SPACE

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)

☒

January 1 - May 1 Fee is \$150.00.

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. DENISE E WILLIAM JONES OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT, DIRECTOR
1097 NW 78 PLACE
PARKLAND FL 33067

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
WILLIAM JONES
1097 NW 78 PLACE
PARKLAND FL 33067

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

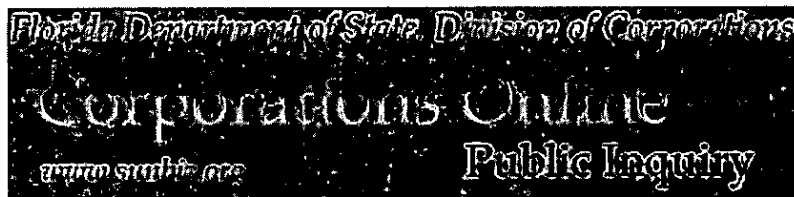
Date:

Daytime Phone #

12/31/02

954-341-9418

CR2E034B (12/01)



Florida Profit
LIVING STONES, INC.

PRINCIPAL ADDRESS
 9371 W. SAMPLE ROAD
 CORAL SPRINGS FL 33065

MAILING ADDRESS
 9371 W. SAMPLE ROAD
 CORAL SPRINGS FL 33065

Wrong Address

Document Number
 P96000012756

FEI Number
 650642379

Date Filed
 02/09/1996

State
 FL

Status
 INACTIVE

Effective Date
 NONE

Last Event
 ADMIN DISSOLUTION FOR
 ANNUAL REPORT

Event Date Filed
 10/04/2002

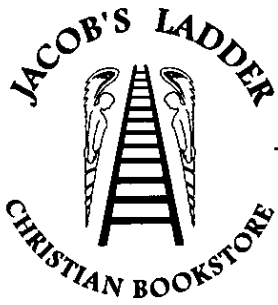
Event Effective Date
 NONE

Registered Agent

Name & Address
DENISE & WILLIAM JONES 9371 W. SAMPLE ROAD CORAL SPRINGS FL 33065
Name Changed: 08/22/2000

Officer/Director Detail

Name & Address	Title
JONES, DENISE 7097 NW 78TH PLACE PARKLAND FL 33067	PD
JONES, WILLIAM N 7097 NW 78TH PLACE PARKLAND FL 33067	D



Attachment

BOOKS • BIBLES • MUSIC • GIFTS

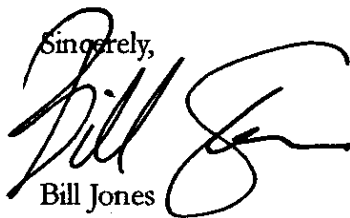
p96 0000 12786

December 31, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500
United States of America

To whom it may concern,

Our Accountant said to send a check and these forms to you. We moved our business a year ago. We never received our forms please note our new address. Thank you.

Sincerely,

Bill Jones