

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90091 003 \*\*\*150.00

DOCUMENT # *P96000035057*

1. Entity Name

*STONE AVE. Rental Property  
OF Tallahassee INC.*



**DO NOT WRITE IN THIS SPACE**

**90077098**

2. Principal Place of Business

*3343 Gallant Fox*

3. Mailing Address

*3343 Gallant Fox Tr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Tallahassee, Florida*

City & State

*Tallahassee, FL*

4. FEI Number

*59-3421465*

Applied For

Not Applicable

Zip

*32309*

Country

*Leon*

Zip

*32309*

Country

*Leor*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Norman Mayfield*

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

*3343 Gallant Fox Tr*

City

*Tallahassee*

FL

*32309*

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Norman Mayfield*

*1-18-2003*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*  
NAME *Norman Mayfield*  
STREET ADDRESS *3343 Gallant Fox Tr*  
CITY-ST-ZIP *Tallahassee FL 32309*

TITLE *V. Pres.*  
NAME *Myron T. Mayfield*  
STREET ADDRESS *6118 Millstone Run*  
CITY-ST-ZIP *Stone Mt GA 30087*

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

SIGNATURE:

*Norman Mayfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-18-2003*

Date

Daytime Phone #

CR2E034B (12/02)