2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P96000042808



Mar 10, 2003 8:00 am Secretary of State 1. Entity Name 03-10-2003 90111 047 ***150.00 STONE OSPREY, INC. Principal Place of Business Mailing Address 635 S ORANGE AVE 46 N. WASHINGTON BLVD. Company Author Leaving STE10 STE. 1 SARASOTA FL 34236 SARASOTA FL 34236 US 2. Principal Place of Business 3. Mailing Address 3600 TORREY PINES BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For SARASOTA, FLORIDA 65-0674559 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34238-2827 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent * Name PATTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD #1 SARASOTA FL 34239 City 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. I am familiar with, and accept , the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TITLE ☐ Delete TITLE **XX**Change ☐ Addition NAME PETRIK. GERD NAME 635 S ORANGE AVE, STE 10 STREET ADDRESS STREET ADDRESS 3600 TORREY PINES BLVD. CITY-ST-7IP SARASOTA FL 34236 CITY-ST-ZIP SARASOTA, FLORIDA 34238-2827 TITLE ☐ Delete TITLE ☐ Addition **X**Change NAME NAKAMOTO, KERI NAME 3600 TORREY PINES BLVD. STREET ADDRESS 635 S. ORANGE AVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FLORIDA 34238-2827 SARASOTA FL 34236 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME NAME

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 t with an address

CITY-ST-7IP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(941)929-1052

Date

FILED