

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0536965 AV

DOCUMENT # **P96000068805**

1. Entity Name
CORNERSTONE DEVELOPERS, INC.



05-02-2003 90204 012 ***150.00

Principal Place of Business
~~1827 TRADE CENTER WAY~~
~~#3~~
NAPLES FL 34109
US

Mailing Address
~~1827 TRADE CENTER WAY~~
~~#3~~
NAPLES FL 34109
US



2. Principal Place of Business
2100 TRADE CENTER WAY
Suite, Apt. #, etc.
SUITE D
City & State

3. Mailing Address
SAMUS
Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

4. FEI Number **59-3397727** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MUSUMANO, PATSY
~~1827 TRADE CTR WAY #3~~ **2100 TRADE CENTER WAY**
NAPLES FL 34109 **SUITE D**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2100 TRADE CENTER WAY
SUITE D
City **Naples** FL Zip Code **34109**

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 **PATSY MUSUMANO** DATE **4/29/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P MUSUMANO, PATSY 1827L TRADE CTR WAY #3 NAPLES FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP MUSAMANO, DONNA 1827 TRADE CTR WAY #3 NAPLES FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 TRADE CENTER WAY, SUITE D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 TRADE CENTER WAY, SUITE D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** DATE **4/29/03**

CR2E034 (10/02)