

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P96000086963 **AMENDED**  
**1. Entity Name**  
**STONE PALMER, INC.**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 AUG 16 PM 2:22

**Principal Place of Business**                      **Mailing Address**

**2. Principal Place of Business**                      **3. Mailing Address**  
 635 S. ORANGE AVE.                      46 N. WASHINGTON BLVD.  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 #10                      #1

DO NOT WRITE IN THIS SPACE

**City & State**                      **City & State**  
 SARASOTA, FLORIDA                      SARASOTA, FLORIDA  
**Zip**                      **Country**                      **Zip**                      **Country**  
 34236                      USA                      34236                      USA

**4. FEI Number**                      **Applied For**  
 65-0717252                       Not Applicable  
**5. Certificate of Status Desired**                       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 ROTEN, REX A.  
 46 N. WASHINGTON BLVD., #1  
 SARASOTA, FLORIDA 34236

**7. Name and Address of New Registered Agent**  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** 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.**  
**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001, Fee will be \$550.00. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Keri Nakamoto*

(941) 364-9609

CR2E034 (1/1/00)