2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOC	UM	ΕN	Τ#
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P96000086963

Mailing Address

1. Entity Name

STONE PALMER, INC.

Principal Place of Business



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90135 050 ***150.00

To we take

535 S. ORAN SARASOTA F US	GE AVE., #10 L 34236	46 n. Washington Blvd #1 Sarasota fl 34236 Us				11 113 18112 41111 38111		1 2 11 2 0 1110 16110		
•	Place of Business	3. Mailing Address								
3600 Suite, Apt	TORREY PINES BLVD									
Suite, Apt	. #, e.c.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Sta				4	4. FEI Number 65-0717252 Applied For					
SARASOTA, FL Zip Country Zip Country			Countr			. Not Applica				
2ip Country 34238-2827 Country Zip Country			· y	5	5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent					7.	7. Name and Address of New Registered Agent				
DATTEDO	ON, JOHN			Name						
	SHINGTON BLVD #1			Street Address (P.O. Box Number is Not Acceptable)						
STE 1	NINGTON DEAD & I							. ·		
	A FL 34236		}	City		50-44	<u> </u>	FL	Zip Cod	le
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.										
	_									1
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signatur	re required when	n reinstating)		DATE		
	ILE NOW!!! FEE IS \$150.00					<u> </u>				
Afte	r May 1, 2003 Fee will be \$550.00						ction Campaign f st Fund Contribut		\$5.0	May Be
Make Check Payable to Florida Department of State			_	"0	SE FUHU COHEHQUE	.IO(1. L	J Added	d to Fees		
10.	OFFICERS AND I		11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME	PD Petrik, gerd	☐ Delete	TITLE NAME						XX Change	☐ Addition
	635 S ORANGE AVE., #10			ADDRESS	3600	TORRE	Y PINES	BT.VD.		
CITY-ST-ZIP	SARASOTA FL 34236	CITY		IT-ZIP		3600 TORREY PINES BLVD. SARASOTA, FLORIDA 34238-2728				
TITLE	DVPT	☐ Delete	TITLE						XX Change	☐ Addition
NAME CTREET ADOREGO	NAKAMOTO, KERI		NAME	i	3600	Ф∩DDE	Y PINES	DIVD		_
STREET ADDRESS CITY-ST-ZIP	635 S. ORANGE AVE., #10 SARASOTA FL 34236		STREET CITY-S	ADDRESS			FLorida		-2827	
TITLE	OATAGOTA FL 34230	☐ Delete	TITLE	1-211			1 201 100	24230		
NAME		∟ Delete	NAME	1					☐ Change	☐ Addition
STREET ADDRESS			STREET	ADDRESS						
CITY-ST-ZIP			CITY-ST	T-ZIP						1
TITLE		☐ Delete	TITLE	1					☐ Change	Addition
NAME STREET ADDRESS			NAME	4000000						
CITY-ST-ZIP			CITY-ST	ADDRESS T-ZIP						
TITLE		☐ Delete	TITLE					· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME			NAME						Onange	Addition
STREET ADDRESS				ADDRESS					•	}
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST	r-zip		<u></u>				
TITLE NAME		☐ Delete	TITLE	.					☐ Change	☐ Addition
STREET ADDRESS			NAME STREET A	ADDRESS						
CITY-ST-ZIP			CITY-ST							
12. I hereby co	ertify that the information supplied with t	his filing does not qualify for t	1		d in Section	119 07/3\/i	Florida Statutes	I further cert	ify that the in	formation

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:

(941)929-1052 Date

Daytime Phone #