FILED

2002 Uniform Business Report (UBR)

Mar 18, 2002 8:00 am Secretary of State P97000063482 DOCUMENT # 1. Entity Name 03-18-2002 90008 018 ***158 75 CORNERSTONE OF NORTH FLORIDA, INC. Principal Place of Business Mailing Address 3936 PAUL S. BUCHMAN HWY 3936 PAUL S. BUCHMAN HWY ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 LIS HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3462434 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUBBARD, MARY JANE Street Address (P.O. Box Number is Not Acceptable) 3936 PAUL S. BUCHMAN HWY ZEPHYRHILLS FL 33540 Zip Code Fl 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) DP □ Change Addition TITLE ☐ Delete TITLE HUBBARD, MARY J NAME NAME 6449 COUNTRY CLUB RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33544 CITY-ST-ZIP Change ☐ Addition TIT! F ☐ Delete TITLE HUBBARD, C. DOUGLAS NAME NAME STREET ADDRESS 6449 COUNTRY CLUB RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL FL 33544 Change TITLE ☐ Delete TITLE ☐ Addition NAME winsboro, Ken NAME STREET ADDRESS 12217 JEFFERY LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL 3352\$ 5 <u>335a5</u> TITLE ☐ Delete TITLE □ Change ☐ Addition ANTHONY, CARL NAME NAME 103 FOXWOOD DR STREET ADDRESS STREET ADDRESS **BRANDON FL 33510** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SIGNATURE: