

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000082551**

1. Entity Name

ADVANCED STONE TECHNOLOGIES, INC.**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90019 031 ***150.00

Principal Place of Business

Mailing Address

**2455 NW 16TH BLVD
OKEECHOBEE FL 34972
US****2455 NW 16TH BLVD
OKEECHOBEE FL 34972-2010
US**

2. Principal Place of Business

3. Mailing Address

2455 NW 16th Blvd
Suite, Apt. #, etc.**2455 NW 16th Blvd**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Okeechobee FL**Okeechobee FL**

4. FEI Number

65-0789513

Applied For

Not Applicable

Zip

Country

Zip

Country

34972**Okeechobee****34972****Okeechobee**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOZENBURY, GREGG
2455 16TH BLVD NW
OKEECHOBEE FL 34972**

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 **GREGG BOZENBURY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-25-20009. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BOZENBURY, GREGG**
STREET ADDRESS **2455 16TH BLVD NW**
CITY-ST-ZIP **OKEECHOBEE FL 34972**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2000

CR2E034 (9/99)