

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91388 045 ***150.00

DOCUMENT # P97000085239

1. Entity Name
UNIQUE STONE IMPORTS, INC.



Principal Place of Business
389 E ST RD 434
LONGWOOD FL 32750
US

Mailing Address
101 ARCHERS POINT
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3473566**

Applied For
Not Applicable

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

PLYMALE, RICHARD E
101 ARCHERS POINT
LONGWOOD FL 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PLYMALE, RICHARD E | |
| STREET ADDRESS | 101 ARCHERS POINT | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | DELONG, CATHY | |
| STREET ADDRESS | 2386 YOUNG HARRIS HWY | |
| CITY-ST-ZIP | BLAIRSVILLE GA 30512 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | DELONG, JOHN | |
| STREET ADDRESS | 2386 YOUNG HARRIS HWY | |
| CITY-ST-ZIP | BLAIRSVILLE GA 30512 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | BRANDANI, LISA | |
| STREET ADDRESS | 5209 WELLINGTON PK CIR, C-32 | |
| CITY-ST-ZIP | ORLANDO FL 32839 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | LIVELLI, DAVID | |
| STREET ADDRESS | 1125 CHEYENNE DRIVE | |
| CITY-ST-ZIP | INDIAN HARBOUR BEACH FL 32937 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LIVELLI, SUSAN | |
| STREET ADDRESS | 1125 CHEYENNE DRIVE | |
| CITY-ST-ZIP | INDIAN HARBOUR BEACH FL 32937 | |

| | | |
|----------------|-------------------------------|--|
| TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRANDANI, LISA | |
| STREET ADDRESS | 5167 WELLINGTON PK CIR., D-22 | |
| CITY-ST-ZIP | ORLANDO, FL 32839 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CALADO, GEORGE | |
| STREET ADDRESS | 1020 NORTH STREET | |
| CITY-ST-ZIP | LONGWOOD, FL 32750 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DELONG, JOHN | |
| STREET ADDRESS | 2386 YOUNG HARRIS HWY | |
| CITY-ST-ZIP | BLAIRSVILLE, GA 30512 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DELONG, CATHY | |
| STREET ADDRESS | 2386 YOUNG HARRIS HWY | |
| CITY-ST-ZIP | BLAIRSVILLE, GA 30512 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Richard E Plymale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 **321-207-0400**
Date Daytime Phone #

CR2E034 (10/02)