

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90469 037 \*\*\*150.00

**DOCUMENT # P98000041556**

**1. Entity Name**  
**CAST STONE PRODUCTS, INC.**



**Principal Place of Business**  
**1718 INDEPENDENCE BLVD**  
**SARASOTA FL 34234**

**Mailing Address**  
**1718 INDEPENDENCE BLVD**  
**SARASOTA FL 34234**

**2. Principal Place of Business**

**333 S Tamiami Tr**  
**Suite, Apt. #, etc.**  
**384**

**City & State**  
**Venue FL**

**Zip**  
**34285** **Country**  
**Sarasota**

**3. Mailing Address**

**333 S Tamiami Tr**  
**Suite, Apt. #, etc.**  
**384**

**City & State**  
**Venue FL**

**Zip**  
**34285** **Country**  
**Sarasota**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-0833492**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**OLDER, GEOFFREY**  
**5584 SHADOW LAWN DRIVE**  
**SARASOTA FL 34242**

**7. Name and Address of New Registered Agent**

**Name**  
**Peter W Gravelle**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**5651 Cape Leyte Dr.**  
**City** **Sarasota** **FL** **Zip Code**  
**34242**

**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** *Peter W Gravelle*  
Signature, typed or printed name of registered agent and title if applicable.

**22 April 2003**  
(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**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☒ **Delete**  
**NAME** **OLDER, GEOFFREY**  
**STREET ADDRESS** **5584 SHADOW LAWN DRIVE**  
**CITY - ST - ZIP** **SARASOTA FL 34242**

**TITLE** **D** ☐ **Delete**  
**NAME** **GRAVELLE, PETER W**  
**STREET ADDRESS** **5651 CAPE LEYTE DR.**  
**CITY - ST - ZIP** **SARASOTA FL 34242**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME** **Delete**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**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:** *Peter W Gravelle* **Director** **22 April 2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)