2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90477 016 ***150.00

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DOCUMENT # P98000045849

1. Entity Name
CORNERSTONE VENTURES, INC.

Principal Place of Business	Mailing Address
~~1360 B WHITFIELD~~ 5008 W. Linebaugh	3837 NORTHDALE BLVD
~~SARASOTA FL 34240~~ Suite 9	STE 102
US Tampa	TAMPA FL 33624
	US

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☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5008 W. Linebaugh	same
Suite, Apt. #, etc.: #9	Suite, Apt. #, etc.
City & State: Tampa	City & State
Zip: 33624 Country: US	Zip Country

4. FEI Number 59-3512674 ☐ 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
RAMPT, BRADFORD D	Name: same
14515 THORNFIELD COURT	Street Address (P.O. Box Number is Not Acceptable): 2606 Carroll Lake St
TAMPA FL 33624	City: Tampa FL Zip Code: 33618

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] Brad Rampt 4/21/03
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAMPT, BRADFORD D 14515 THORNFIELD COURT TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] REQUIRED 04/21/03 (813) 908-5302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #