

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90426 009 ***150.00

DOCUMENT # P98000061501

1. Entity Name

STONEWOOD MORTGAGE & INVESTMENTS, INC.

4153 BRENTWOOD PARK CIR. TAMPA FL. 33624

Principal Place of Business

Mailing Address

~~5537 SHELTON RD.~~ **4153 BRENTWOOD**
~~TAMPA FL 33615~~ **PARK CIR.**
~~TAMPA FL 33615~~ **TAMPA FL. 33624**

2. Principal Place of Business

4153 BRENTWOOD PK CIR

3. Mailing Address

4153 BRENTWOOD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PARK CIR.

City & State

City & State

TAMPA FL.

TAMPA FL.

Zip

Country

Zip

Country

33624

HILLSBOROUGH

33624

HILLSBOROUGH

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STANLEY, BOB	
STREET ADDRESS	4202 WEST WATERS AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STANLEY, REBECCA	
STREET ADDRESS	4202 WEST WATERS AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STANLEY, CHRISTINE H	
STREET ADDRESS	4202 WEST WATERS AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY BOB	ADDRESS
STREET ADDRESS	4153 BRENTWOOD PARK CIR.	
CITY-ST-ZIP	TAMPA FL. 33624	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, REBECCA	ADDRESS
STREET ADDRESS	4153 BRENTWOOD PARK CIR.	
CITY-ST-ZIP	TAMPA FL. 33624	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, CHRISTINE	ADDRESS
STREET ADDRESS	4153 BRENTWOOD PARK CIR	
CITY-ST-ZIP	TAMPA FL. 33624	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Edmund Stanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-2000 813-888-8300

CR2E034 (9/99)