

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90082 020 ***150.00

DOCUMENT # P98000072348

1. Entity Name

STONE MOTOR CARS, INC.

Principal Place of Business

**127 CARMALITA ST
PUNTA GORDA FL 33950**

Mailing Address

**127 CARMALITA ST
PUNTA GORDA FL 33950**

2. Principal Place of Business

206 PEACE ISLAND DR

3. Mailing Address

Box 510 939

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PUNTA GORDA FL

City & State

PUNTA GORDA FL

4. FEI Number

65-0855998

Applied For

Not Applicable

Zip
33950

Country

CHARLOTTE

Zip
33951

Country

CHARLOTTE

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

STONE, JACK

1407 SEA GULL CT

PUNTA GORDA FL 33950

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, 2002 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 **P** ☒ Delete
NAME **STONE, DEBORAH**
STREET ADDRESS **1407 SEA GULL CT.**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **P. S.** ☐ Change ☐ Addition
NAME **JOHN STONE**
STREET ADDRESS **206 PEACE ISLAND DR.**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda J. / Sean 4/28/02 941-661-0981

Date

Daytime Phone #

CR2E034 (9/01)