

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90058 009 ***150.00

0325619 AV

DOCUMENT # P99000005109

1. Entity Name

STONE & PESTCOE, P.A.

Principal Place of Business

Mailing Address

~~2240 S.W. 70TH AVENUE~~
~~SUITE D~~
~~FT. LAUDERDALE FL 33317~~

New Address

~~2240 S.W. 70TH AVENUE~~
~~SUITE D~~
~~FT. LAUDERDALE FL 33317~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

150 South Pine Island Rd.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 540

SAME

City & State

City & State

Plantation Florida

SAME

Zip

Country

Zip

Country

33324

Broward

SAME

SAME

4. FEI Number

65-0898738

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

PESTCOE, SCOTT L
2240 S.W. 70TH AVENUE
SUITE D
FT. LAUDERDALE FL 33317

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

150 South Pine Island Road
Suite 540

City

Plantation

FL

Zip Code

33324

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

Scott L. Pestcoe

SCOTT L. PESTCOE

1-25-02

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 **D** ☐ Delete
 NAME **STONE, DAVID**
 STREET ADDRESS **2240 S.W. 70TH AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33317** *New Address*

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

TITLE **P** ☐ Delete
 NAME **PESTCOE, SCOTT L**
 STREET ADDRESS **2240 S.W. 70TH AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33317** *New Address*

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

TITLE ☐ Delete
 NAME **STONE, DAVID**
 STREET ADDRESS **150 South Pine Island Road**
 CITY-ST-ZIP **Suite 540**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Plantation, Florida 33324**

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

TITLE ☐ Delete
 NAME **SCOTT L. PESTCOE**
 STREET ADDRESS **150 South Pine Island Road**
 CITY-ST-ZIP **Suite 540**
Plantation, Florida 33324

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Scott L. Pestcoe, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT L. PESTCOE, PRES.

1-25-02 954-617-0320

Date

Daytime Phone #

CR2E034 (9/01)