2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000009641 Apr 20, 2000 8:00 am Secretary of State G. S. STONE ENTERPRISE INC. 04-20-2000 90050 042 ***150.00 -Mailing Address Principal Place of Business 11625 COUNTRY RUN RD 11625 COUNTRY RUN RD TAMPA FL 33624-6305 TAMPA FL 33624-6305 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59²555697 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STONE, G. S. Street Address (P.O. Box Number is Not Acceptable) 11625 COUNTRY RUN RD TAMPA FL 33624-6305 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE STONE, GARY S NAME NAME STREET ADDRESS 11625 COUNTRY RUN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624-6305 Addition ☐ Change ☐ Delete TITLE TITLE NAME STONE, GENNA M NAME STREET ADDRESS 11625 COUNTRY RUN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624-6305 ☐ Addition ☐ Delete ☐ Change TITLE STONE. CHRISTOPHER M NAME NAME STREET ADDRESS 11625 COUNTRY RUN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624-6305 Change ☐ Addition ☐ Delete TITLE STONE, GEORGIA A NAME STREET ADDRESS 11625 COUNTRY RUN RD STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624-6305 CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TIT) F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

13. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00 813-264-6985