

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011900

1. Entity Name
STONES N. ART BY SANDRA PETRIZZO, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90033 018 ***158.75

Principal Place of Business Mailing Address
123 MILL BRANCH ROAD 123 MILL BRANCH ROAD
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312-1501

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3554958 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

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR., #37
PALM HARBOR FL 34684

Name Sandra B. Petrizzo
Street Address (P.O. Box Number is Not Acceptable) 123 Mill Branch Road
Tallahassee
City Tallahassee FL 32312

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PETRIZZO, SANDRA B
STREET ADDRESS 123 MILL BRANCH ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

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

TITLE NAME ~~Petrizzo, William C. Vice President~~
STREET ADDRESS ~~123 Mill Branch~~
CITY-ST-ZIP ~~Tallahassee FL 32312~~ ☐ Delete

TITLE NAME ~~Petrizzo, William C. (Vice President)~~
STREET ADDRESS ~~123 Mill Branch Rd~~
CITY-ST-ZIP ~~Tallahassee, FL 32312~~ ☐ Change ☒ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #