

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90078 047 ***158.75

DOCUMENT # P99000016741

1. Entity Name
STONES OF TIME, INC.



Principal Place of Business
**411 S.E. 14TH STREET
NAPLES FL 34117**

Mailing Address
**411 S.E. 14TH STREET
NAPLES FL 34117**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1786 Trade Center way

Suite, Apt. #, etc.
UNIT # 5

City & State
Naples FL

Zip
34109

Country
U.S.A

3. Mailing Address

1786 Trade Center

Suite, Apt. #, etc.
UNIT # 5

City & State
Naples FL

Zip
34109

Country
U.S.A

4. FEI Number
65-0925312

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN
411 SE 14TH STREET
NAPLES FL 34117**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
RODRIGUEZ, WALESKA
411 14TH STREET SE
NAPLES FL 34117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
RODRIGUEZ, JUAN
411 S.E. 14TH STREET
NAPLES FL 34117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RODRIGUEZ, ORLANDO
4280 NE 12TH STREET
NAPLES FL 34120** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DIAZ, ROLANDO
1270 W 42 ND STREET APT #101
HIALEAH FL 33010** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

1/9/03

239-253-0141

CR2E034 (10/02)