8/7/

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-07-2001 90004 038 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021340

1. Entity Name
STONEMAN'S STATUELAND, INC.

Principal Place of Business	Mailing Address
4119 GUNN HWY. TAMPA FL 33624	4119 GUNN HWY. TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4103 GUNN HWY
Suite, Apt. #, etc.
City & State: Tampa Fl
Zip: 33624 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3591137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIMON, DAVID S
523 SOUTH WASHINGTON BLVD.
SARASOTA FL 34236

7. Name and Address of New Registered Agent
Name: STUART A. PLISKOW
Street Address (P.O. Box Number is Not Acceptable): 4103 GUNN HWY
City: Tampa FL Zip Code 33624

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: Stuart A. Pliskow 08-17-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 / STREET ADDRESS / CITY-ST-ZIP	D PLISKOW, STUART A 4103 GUNN HIGHWAY TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/01)

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: Stuart A. Pliskow 08-02-01 813-908-9720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #