

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000031834

1. Entity Name

G. G. STONES, INC.

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90013 026 \*\*\*550.00

Principal Place of Business

229 2ND. AVE. NORTH  
JACKSONVILLE BEACH FL 32250

Mailing Address

229 2ND. AVE. NORTH  
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

41 West 6th Street

3. Mailing Address

41 West 6th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FL

City & State

ATLANTIC BEACH, FL

4. FEI Number

59-3566994

Applied For

Not Applicable

Zip

32233

Country

Zip

32233

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, GERARDO N  
229 2ND. AVE. NORTH  
JACKSONVILLE BEACH FL 32250

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

TITLE NAME ☐ Delete  
GONZALEZ, GERARDO N  
STREET ADDRESS 1590 COVE LANDING DRIVE  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

GONZALEZ, GERARDO N

9-11-00 (904) 242-8400

Date

Daytime Phone #

CR2E034 (5/00)