2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED Mar 29, 2000 8:00 am Secretary of State DOCUMENT # **P99000042585** 1. Entity Name SAVAGE STONE CORP. 03-29-2000 90079 022 ***150.00 Mailing Address Principal Place of Business 732 SOUTH BTH STREET 732 SOUTH 8TH STREET FERNANDINA FL 32034-3703 FERNANDINA FL 32034 しいひましょしゃ 2. Principal Place of Business 732 58 th 3. Mailing Address 32 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City& State N. Bch. F1. City & State Applied For Not Applicable Country NASSAY \$8.75 Additional Certificate of Status Desired a 034 2034 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAVAGE, BRENDA S Street Address (P.O. Box Number is Not Acceptable) 732 SOUTH 8TH STREET FERNANDINA FL 32034 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS JAMES W SAVAGE Dr. Change Addition President TITLE TITLE JAMES W SAVAGE Dr 732.5.8+n 34 NAME NAME 732 5,8th 5+ STREET ADDRESS STREET ADDRESS tern. Bch. Fl CITY-ST-ZIP Fern. Bch Fl. CITY-ST-ZIP Secretan Change Addition Addition TITLE TITLE Brenda 5' SAVAGE NAME NAME 732 5 8+n St STREET ADDRESS STREET ADDRESS Fern Beh. Fl. 32034 CITY-ST-ZIP 32030 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Brenda 5 Savage