

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000052629**1. Entity Name
CORNERSTONE BUSINESSES, INC.Principal Place of Business
3936 PAUL S BUCHMAN HWY
ZEPHYRHILLS FL 33540
Mailing Address
3936 PAUL S BUCHMAN HWY
ZEPHYRHILLS FL 335402. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3614629
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**HUBBARD MARY JANE
6449 COUNTRY CLUB ROAD

WESLEY CHAPEL FL 33544 US

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 _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	ANTHONY CARL	
STREET ADDRESS	103 FOXWOOD DR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WINSBRO KENNETH	
STREET ADDRESS	6449 COUNTRY CLUB R D	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HUBBARD C DOUGLAS	
STREET ADDRESS	6449 COUNTRY CLUB R D	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUBBARD MARY J	
STREET ADDRESS	6449 COUNTRY CLUB RD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY CARL	
STREET ADDRESS	103 FOXWOOD DR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSBRO KENNETH	
STREET ADDRESS	12217 JEFFERY LANE	
CITY-ST-ZIP	DADE CITY FL 33528	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD C DOUGLAS	
STREET ADDRESS	6449 COUNTRY CLUB R D	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: MARY JANE HUBBARD**P****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)