2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000052629

ANTHONY, CARL

103 FOXWOOD DR

BRANDON, FL 33510

Name:

Address:

City-St-Zip:

Entity Name: CORNERSTONE BUSINESSES, INC.

FILED Jan 23, 2003 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
3936 PAUL S BUCHMAN HWY ZEPHYRHILLS, FL 33540				3936 PAUL S BUCHMAN HWY ZEPHYRHILLS, FL 33542	
Current Mailing Address:			New Mailing Addı	New Mailing Address:	
3936 PAUL S BUCHMAN HWY ZEPHYRHILLS, FL 33540				3936 PAUL S BUCHMAN HWY ZEPHYRHILLS, FL 33542	
FEI Number	: 59-3614629	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
HUBBARD, MARY JANE 3936 PAUL S BUCHMAN HWY ZEPHYRHILLS, FL 33540			3936 PAUL S BUC	HUBBARD, MARY JANE 3936 PAUL S BUCHMAN HWY ZEPHYRHILLS, FL 33542	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE:				01/23/2003	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHAP	IGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	HUBBARD, MA 6449 COUNTE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HUBBARD, C 6449 COUNTE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS (WINSBRO, KE 12217 JEFFE DADE CITY, F	RY LANE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	VS () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARY JANE HUBBARD PD 01/23/2003