

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

06-25-2001 90041 030 \*\*\*150.00

**DOCUMENT # P99000054163**

1. Entity Name

REALISTIC STONE SCENERY CORP.

Principal Place of Business

5567-2 MALT DRIVE  
 FORT MYERS FL 33907

Mailing Address

POST OFFICE BOX 61772  
 FORT MYERS FL 33906-1772

2. Principal Place of Business

5625 Youngquist Rd

3. Mailing Address

Suite, Apt. #, etc.

Unit 19

City & State

FT MYERS FL

City & State

Zip

Country

33912

U.S.A.

Zip

Country

33912

U.S.A.

4. FEI Number 65-0927481

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESPIRITO, VINCENT  
 5567-2 MALT DRIVE  
 FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5625 Youngquist Rd #19

City

FT MYERS

FL

Zip Code

33912

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 PD  
 NAME DESPIRITO, VINCENT  
 STREET ADDRESS 5567-2 MALT DRIVE  
 CITY-ST-ZIP FORT MYERS FL 33907

TITLE STD  
 NAME PETRUCCI, ANTHONY  
 STREET ADDRESS 5567-2 MALT DRIVE  
 CITY-ST-ZIP FORT MYERS FL 33907

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)