

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90008 018 ***150.00

DOCUMENT # P99000074355

1. Entity Name -

STONEHAND CORPORATION



Principal Place of Business
5301 Conroy Rd., Ste.140
Orlando FL 32811

Mailing Address
5301 Conroy Rd., Ste140
Orlando FL 32811

2. Principal Place of Business
709 Cape Coral Pkwy.West

3. Mailing Address
709 Cape Coral Pkwy.West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cape Coral, Florida

City & State
Cape Coral, Florida

4. FEI Number
59359449

Applied For
☐ Not Applicable

Zip
33914

Country
Lee

Zip
33914

Country
Lee

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lane, Paul C
5301 Conroy Rd., Ste 140
Orlando FL 32811

Name
Wright, Christine F Esq.

Street Address (P.O. Box Number is Not Acceptable)
1105 Cape Coral Pkwy. East

Suite C

City
Cape Coral

FL Zip Code
33904

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|---------------------|--------------------------------|-------------------------|-------------------------------------|
| | Lane, Paul C | 5301 Conroy Rd., Ste140 | Orlando FL 32811 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-------------------------|----------------------------------|-----------------------------|--------------------------|--------------------------|
| | Ruth Schadek | 709 Cape Coral Pkwy West | Cape Coral, FL 33914 | <input type="checkbox"/> | <input type="checkbox"/> |
| | PST RUTH SCHADEK | 709 CAPE CORAL PKWY. WEST | CAPE CORAL FL 33914 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Overtime Phone #

RUTH SCHADEK **2-22-01** **941-282-0001**

CR2E034 (10/00)