

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90008 006 \*\*\*150.00

**DOCUMENT # P99000087170**

1. Entity Name

**FLAGSTONE PAVERS, INC.**

Principal Place of Business

**5304 WITHAM COURT  
TAMPA FL 33647**

Mailing Address

**5304 WITHAM COURT  
TAMPA FL 33647**

2. Principal Place of Business

**9070 OLD COBB ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**9070 OLD COBB ROAD**

Suite, Apt. #, etc.

City & State

**BROOKSVILLE, FL**

Zip

**34601**

Country

**HERNANDO**

City & State

**BROOKSVILLE, FL**

Zip

**34601**

Country

**HERNANDO**

4. FEI Number

**59-3601521**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHAPNICK, BRUCE P  
ICARD, MERRILL, ET. AL  
2033 MAIN STREET #600  
SARASOTA FL 34237**

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

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, 2002 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 **OPT** ☐ Delete  
NAME **BOND, GEOFFREY P**  
STREET ADDRESS **5304 WITHAM COURT**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **S** ☐ Delete  
NAME **BOND, LORI A**  
STREET ADDRESS **5304 WITHAM CT**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☐ Delete  
NAME **LUTRELL, D. SCOTT**  
STREET ADDRESS **15310 AMBERLY DR. SUITE 205**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☐ Delete  
NAME **LESCROART, EMETT J**  
STREET ADDRESS **280 CHERRY VALLEY RD**  
CITY-ST-ZIP **PRINCETON NJ 08540**

TITLE **D** ☐ Delete  
NAME **VIREN, MICHAEL**  
STREET ADDRESS **9252 N 56 ST**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **V** ☐ Delete  
NAME **HIXON, CRAIG**  
STREET ADDRESS **15887 SANCTUARY DR.**  
CITY-ST-ZIP **TAMPA FL 33647**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **V HIXON, CRAIG**  
STREET ADDRESS **15350 AMBERLY DRIVE # 5321**  
CITY-ST-ZIP **TAMPA, FL 33647**

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

**2-28-02 352-799-7933**

Date

Daytime Phone #

CR2E034 (9/01)