

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90960 046 ***150.00

DOCUMENT # P99000098550

1. Entity Name

STONEY MONTANA PRODUCTIONS, INC.

Principal Place of Business

**4390 NW 115TH AVENUE
 SUNRISE FL 33323**

Mailing Address

**4390 NW 115TH AVENUE
 SUNRISE FL 33323**

2. Principal Place of Business

P.O. Box 451207

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 451207

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33345

Country

USA

Zip

33345

Country

USA

4. FEI Number

65-0960018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOSEPH K. NOFIL, P.A.
 3284 NORTH STATE ROAD 7
 LAUDERDALE LAKES FL 33319**

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 **PSTD** ☐ Delete
 NAME **STONE, JIM**
 STREET ADDRESS **4390 NW 115TH AVENUE**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **VP** ☐ Delete
 NAME **STONE, JENNIFER**
 STREET ADDRESS **4390 NW 115TH AVE**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
 NAME **JIM STONE**
 STREET ADDRESS **P.O. Box 451207**
 CITY-ST-ZIP **SUNRISE, FL 33345**

TITLE **V** ☒ Change ☐ Addition
 NAME **JENNIFER STONE**
 STREET ADDRESS **P.O. Box 451207**
 CITY-ST-ZIP **SUNRISE, FL 33345**

TITLE **T** ☐ Change ☐ Addition
 NAME **CLINTON STRAND**
 STREET ADDRESS **P.O. Box 451207**
 CITY-ST-ZIP **SUNRISE, FL 33345**

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

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 #

3/20/02 954-844-4005