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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57238

1. Entity Name

DAVID W. STONE CUSTOM FINISHES, INC.

Principal Place of Business

181 ISLAND WAY  
W PALM BEACH FL 33413  
US

Mailing Address

181 ISLAND WAY  
W PALM BEACH FL 33413  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE# Number

65-0317668

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, DAVID W.  
181 ISLAND WAY  
W PALM BEACH FL 33413

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 \$350.00

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	D	<input type="checkbox"/> Delete
NAME	STONE, DAVID W.	
STREET ADDRESS	181 ISLAND WAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STONE, PEGGY M.	
STREET ADDRESS	181 ISLAND WAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 business printed name of bonded officer or director

Date

Daytime Phone #

1/28/01

57-1968-2688



DO NOT WRITE IN THIS SPACE  
04/26/01 90270 009159

FILED

01 JUL 16 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (10/00)



7/19/01

Dept of State  
Division of Corp

Attn: Tyron

Faxed to ~~850-245-6017~~ 850-245-6017

Per our discussion I am requesting that  
the \$150 - Payment sent by David W Stone  
Custom Finishes, Inc, <sup>(copy attached)</sup> applied in error to  
Peggy M Stone Account, Inc, be  
applied to David's account. Also I am  
requesting that late fees be waived due  
to this error.

If any further information is needed  
Please call.

Peggy Stone  
St. 1968-2688  
St. 19686092-fax