2001 UNIFORM BUSINESS REPORT (UBR) *Ammended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 16 PM 2:52

DOCUMENT # S67893

1. Entity Name
STICKS 'N STONES, INC.

attached check # 61 # 2496

Principal Place of Business	Mailing Address
2154 Zip Code Pl. 4-A W. Palm Beach, Fl. 33409	2154 ZIP CODE PL. 4-A W. Palm Beach, Fl 33409

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number * 650275441 ☐ Applied For ☐ Not Applicable

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
LuAnn DiCampli 4200 Community Dr. #108 W. Palm Beach, Fl. 33409	Name RICHARD WEAVER Street Address (P.O. Box Number is Not Acceptable) 3616 Cypress Edge Dr. LAKE WORTH City LAKE WORTH FL Zip Code 33467

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 Richard L. Weaver 10/9/01
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when changing — Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

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: LuAnn DiCampli DPST ☒ Delete; 4200 Community Dr West Palm Beach, Fl 33409	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: DPST Richard Weaver 3616 Cypress Edge Dr Lake Worth, Fl 33467 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 800004652628--3 -10/25/01--01027-003 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
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CR2E084 (11/00)

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.

561-686-4127
561-641-9324

SIGNATURE: Richard L. Weaver 10/09/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date