

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90022 022 \*\*\*150.00

**DOCUMENT # V23429**

1. Entity Name  
**CORNERSTONE INVESTMENTS, INC.**

Principal Place of Business  
**877 EXECUTIVE CENTER DR W**  
**STE 303**  
**ST PETERSBURG FL 33702**  
**US**

Mailing Address  
**PO BOX 22095**  
**ST PETERSBURG FL 33742**  
**US**

2. Principal Place of Business  
**475 CENTRAL AVENUE**  
 Suite, Apt. #, etc.  
**SUITE M-8**

3. Mailing Address  
**P.O. Box 266**  
 Suite, Apt. #, etc.

City & State  
**ST. PETERSBURG, FL**  
 Zip  
**33701** Country  
**U.S.**

City & State  
**ST PETERSBURG, FL**  
 Zip  
**33731** Country  
**U.S.**

4. FEI Number **59-3113417**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MASCARA, ERNEST L**  
**877 EXECUTIVE CENTER DR W**  
**GLADES BLDG, STE 303**  
**ST PETERSBURG FL 33702**

## 7. Name and Address of New Registered Agent

Name **ERNEST L. MASCARA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**475 CENTRAL AVENUE**  
**KRESS BLDG, SUITE M-8**  
 City **ST. PETERSBURG** FL Zip Code **33701**

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  **Ernest L. Mascara** **FEBRUARY 8/01**  
 (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STEELE, GORDON W 15 DEMPSEY CRESCENT TORONTO ON M2L - 1Y4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STEELE, SUZANNE L 15 DEMPSEY CRESCENT TORONTO ON M2L - 1Y4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERGE, THOMAS 1 BEACH DR, STE 200 ST PETERSBURG FL 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 fee empowers.

SIGNATURE:  **Gordon W. Steele**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/01**  
 Date

**727-896-1200**  
 Daytime Phone #

CR2E034 (10/00)