## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED May 23, 2000 8:00 am Secretary of State **DOCUMENT # F21119** 1. Entity Name STIMMELL'S SPORT SHOP, INC. 05-23-2000 90237 025 \*\*\*150.00 Principal Place of Business Mailing Address 2170 S.E. OCEAN BLVD. 2170 S.E. OCEAN BLVD. STUART FL 34996 STUART FL 34996-3306 2. Principal Place of Business 3. Mailing Address ... Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2054699 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STIMMELL, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 8074 SE RIVER LANE STUART FL Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 .9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD ☐ Addition TITLE ☐ Delete TITLE STIMMELL, WILLIAM A NAME NAME 8074 SE RIVER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE STIMMELL, ANNE K. NAME NAME 8074 SE RIVER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE , NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.