

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90199 030 ***150.00

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DOCUMENT # P00000037754



1. Entity Name
STEF & COMPANY, INC.

Principal Place of Business
**4302 GUNN HIGHWAY
#1007
TAMPA FL 33624**

Mailing Address
**13612 S VILLAGE DR
5303
TAMPA FL 33624**



2. Principal Place of Business
13612 S Village DR
Suite, Apt. #, etc.
303
City & State
TAMPA, FL

3. Mailing Address
13612 S Village Dr
Suite, Apt. #, etc.
303
City & State
TAMPA, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3643491** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**FRANKEL, STEPHANIE
13612 S VILLAGE DR 5303
TAMPA FL 33624**

7. Name and Address of New Registered Agent
Name **Stephanie Frankel**
Street Address (P.O. Box Number is Not Acceptable) **13612 S Village DR #303**
City **TAMPA** FL Zip Code **33624**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P FRANKEL, STEPHANIE 13612 S VILLAGE DR 5303 TAMPA FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Stephanie Frankel** DATE **4-21-03** DAYTIME PHONE # **813-301-7931**

CR2E034 (10/02)