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Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar $0\overline{7}$ , $\overline{2}002$ 8:00 am **Secretary of State** DOCUMENT # P93000050465 1. Entity Name 03-07-2002 90048 049 \*\*\*158.75 STOUFFER INDUSTRIES, INC. Principal Place of Business Mailing Address 1379 TADSWORTH TERRACE 1379 TADSWORTH TERRACE HEATHROW FL 32746 HEATHROW FL 32746 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 59-3195837 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 STOUFFER, LANCE J Street Address (P.O. Box Number is Not Acceptable) -24812 E. HWY 50 CHRISTMAS FL 32709 TADS WORTH TERR 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 ture required when reinstating 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, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRE CTORS IN 11 (9/01) TITLE ☐ Delete TITLE ■ Addition NAME STOUFFER, LANCE J NAME CR2E034 STREET ADDRESS STREET ADDRESS TANS WORTH TERR 24812 E: HWY 50 CITY-ST-ZIP CHRISTMAS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME 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.