

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 23, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000005179**

1. Entity Name  
**STOWARD, INC.**

Principal Place of Business 6476 RIDGE ROAD  PORT RICHEY FL 34688	Mailing Address 6476 RIDGE ROAD  PORT RICHEY FL 34688
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>59-3289978</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BUCK DAVID ALLEN**  
**13127 SPRING HILL DR**  
  
**SPRING HILL FL 34609 US**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE **04/23/2001**

Signature, typed or printed name of registered agent and title if applicable.

(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	PDT	<input type="checkbox"/> Delete	
NAME	STOKER CHRISTOPHER J		
STREET ADDRESS	8102 MOCKERNUT LANE		
CITY-ST-ZIP	PORT RICHEY FL 34668		
TITLE	VDT	<input type="checkbox"/> Delete	
NAME	STOCKER PATRICIA M.		
STREET ADDRESS	8102 MOCKERNUT LANE		
CITY-ST-ZIP	PORT RICHEY FL 34668		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOKER CHRISTOPHER J		
STREET ADDRESS	7620 HIGH PINES COURT		
CITY-ST-ZIP	PORT RICHEY FL 34668		
TITLE	VDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOKER PATRICIA M.		
STREET ADDRESS	7620 HIGH PINES COURT		
CITY-ST-ZIP	PORT RICHEY FL 34668		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
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.

**SIGNATURE:** Christopher J Stoker **Pres** **04/23/2001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)