

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039482

1. Entity Name  
**STOGES ENTERPRISES, INC.**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90081 010 \*\*\*150.00

Principal Place of Business      Mailing Address  
2449 SANFORD AVENUE      2449 SANFORD AVENUE  
SANFORD FL 32771      SANFORD FL 32771-4449

2. Principal Place of Business      3. Mailing Address  
**2491 PARK AV.**      **2491 PARK AV**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**SANFORD FL.**      **SANFORD FL**  
Zip      Country      Zip      Country  
**32771**      **SEMINOLE**      **32771**      **SEMINOLE**

4. FEI Number      Applied For  
**59-353 1857**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**DALE, THOMAS L**  
**2449 SANFORD AVENUE**  
**SANFORD FL 32771**

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 *Thomas L Dale* **OWNER**      DATE **5-24-00**  
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, 2000 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	<b>PSD</b> <input type="checkbox"/> Delete
NAME	<b>DALE, THOMAS L</b>
STREET ADDRESS	<b>2449 SANFORD AVENUE</b>
CITY-ST-ZIP	<b>SANFORD FL 32771</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 another like empowered.

SIGNATURE: *THOMAS L DALE*      DATE: **5-24-00**      Daytime Phone #: **407-3245751**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)