

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90230 027 ***150.00

DOCUMENT # P99000046414

1. Entry Name
MARC D. STEHLI, P.E., INC.

Principal Place of Business 482 N. PIN OAK PLACE,STE.304 LONGWOOD FL 32779	Mailing Address 482 N. PIN OAK PLACE,STE.304 LONGWOOD FL 32779
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714642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 508 Sabal Lake Drive Suite, Apt. #, etc. Ste. 100	3. Mailing Address 508 Sabal Lake Dr. Suite, Apt. #, etc. Ste. 100
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City & State Longwood, Florida	City & State Longwood, Florida	4. FEI Number 59-3568810	Applied For <input type="checkbox"/> Not Applicable
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Zip 32779	Country U.S.A.	Zip 32779	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEHLI, MARC D
 482 N. PIN OAK PLACE,STE.304
 LONGWOOD FL 32779**

Name
Marc D. Stehli
 Street Address (P.O. Box Number is Not Acceptable)
508 Sabal Lake Drive, Ste. 100
 City
Longwood FL Zip Code
32779

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 *M. D. Stehli* **Marc D. Stehli, President** 1/31/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS STEHLI, MARC D 482 N PINE OAKPL # 304 LONGWOOD FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS Stehli, Marc D. 508 Sabal Lake Drive, Ste. 100 Longwood, Fl. 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *M. D. Stehli* **Marc D. Stehli, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01
Date

407-869-4472
Daytime Phone #

CR2E034 (10/00)