

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 17, 2000 8:00 am  
Secretary of State  
05-17-2000 90908 025 \*\*\*150.00

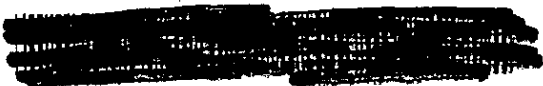
DOCUMENT # V13723  
Entity Name  
Steven Ettlinger, Inc.

Principal Place of Business  
2110 Dobbs Road  
St. Augustine, FL 32086

Mailing Address  
2110 Dobbs Road  
St. Augustine, FL 32086

00052355

|                             |         |                                                         |         |
|-----------------------------|---------|---------------------------------------------------------|---------|
| Principal Place of Business |         | 3. Mailing Address                                      |         |
| Suite, Apt. #, etc.         |         | Suite, Apt. #, etc.                                     |         |
| City & State                |         | City & State                                            |         |
| Zip                         | Country | Zip                                                     | Country |
| 4. FEI Number               |         | 5. Certificate of Status Desired                        |         |
| 59-3113074                  |         | <input type="checkbox"/> \$8.75 Additional Fee Required |         |



DO NOT WRITE IN THIS SPACE

|                                                             |  |                                                                                   |  |
|-------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent             |  | 7. Name and Address of New Registered Agent                                       |  |
| HALL, CHARLES E<br>77 ALMERIA ST.<br>ST. AUGUSTINE FL 32084 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |

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<br>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) <input checked="" type="checkbox"/> |  | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State |  | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |

| 11. OFFICERS AND DIRECTORS |                        |                                            | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |      |                                   |
|----------------------------|------------------------|--------------------------------------------|-------------------------------------------------------|------|-----------------------------------|
| TITLE                      | NAME                   | STREET ADDRESS<br>CITY - ST - ZIP          | TITLE                                                 | NAME | STREET ADDRESS<br>CITY - ST - ZIP |
|                            | D<br>Ettlinger, Steven | 2110 Dobbs Road<br>St. Augustine, FL 32086 |                                                       |      |                                   |
|                            |                        |                                            |                                                       |      |                                   |
|                            |                        |                                            |                                                       |      |                                   |
|                            |                        |                                            |                                                       |      |                                   |
|                            |                        |                                            |                                                       |      |                                   |
|                            |                        |                                            |                                                       |      |                                   |
|                            |                        |                                            |                                                       |      |                                   |
|                            |                        |                                            |                                                       |      |                                   |

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 fee empowered

SIGNATURE: *Steven Ettlinger* 4/28/2000