FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 09, 2001 8:00 am **DOCUMENT # P35560 Secretary of State** 1. Entity Name STC FRANCHISES COMPANY 03-09-2001 90494 047 ***150.00 Principal Place of Business Mailing Address 7589 FIRST PL 7589 FIRST PL OAKWOOD VILLAGE OH 44146-6711 OAKWOOD VILLAGE OH 44146-6711 929054 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 34-1584028 Not Applicable Zip Country Zip 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 KELER, PAUL E Street Address (P.O. Box Number is Not Acceptable) 14240 60TH ST N **CLEARWATER FL 33760** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 DIRECTORS IN 11 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SUTTON, ALAN J. NAME STREET ADDRESS STREET ADDRESS 7589 FIRST PL CITY-ST-7IP CITY-ST-7IP OAKWOOD VILLAGE OH 44146-6711 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME SUTTON, ALAN J. NAME STREET ADDRESS STREET ADDRESS 7589 FIRST PL CITY-ST-ZIP CITY-ST-ZIP OAKWOOD VILLAGE OH 44146-6711 Délete TITLE ---- : TITLE SUTTON, SUSAN J NAME NAME STREFT ADDRESS STREET ADDRESS 7589 FIRST PL CITY-ST-ZIP CITY~ST-7IP OAKWOOD VILLAGE OH 44146-6711 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Channe ☐ Addition TITLE TITLE 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.