

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90006 049 ***150.00

0075040 AV

DOCUMENT # 438774

1. Entity Name
STE, INC.

Principal Place of Business
221 W TROTTERS DR
MAITLAND FL 32751

Mailing Address
221 W TROTTERS DR
MAITLAND FL 32751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
481 GENIUS DR
 Suite, Apt. #, etc.

3. Mailing Address
481 GENIUS DR
 Suite, Apt. #, etc.

City & State
WINTER PARK FL

City & State
WINTER PARK FL

4. FEI Number **59-1489001**

Applied For
 Not Applicable

Zip **32789** Country **ORANGE**

Zip **32789** Country **ORANGE**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WANIELISTA (MARTIN P.)
221 W TROTTERS DR
MAITLAND FL 32751

Name **MARTIN P. WANIELISTA**
 Street Address (P.O. Box Number is Not Acceptable)
481 GENIUS DR
 City **WINTER PARK FL** Zip Code **32789**

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

(NOTE: Registered Agent signature required when reinstating)

3/4/2002
 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANIELISTA, M.P. 221 W TROTTERS DR MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WANIELISTA, E.A. 221 W TROTTERS DR MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANIELISTA, M.P. 481 GENIUS DR WINTER PARK FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>of address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WANIELISTA, E.A. 481 GENIUS DR WINTER PARK FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>of address</i>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTIN P. WANIELISTA

Date **March 4, 2002** Daytime Phone # **407-647-3311**

CR2E034 (9/01)