

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90182 006 \*\*\*150.00

**DOCUMENT # 449131**

1. Entity Name

**DO STAY, INC.**

Principal Place of Business

**19 OCEAN DRIVE  
 JUPITER, FL 33469**

Mailing Address

**19 OCEAN DRIVE  
 JUPITER, FL 33469**

2. Principal Place of Business

**1095 AIA Sup. Tr. Fl.  
 Seaside Marina  
 City & State  
 Sup. Tr. FL 33477**

Mailing Address

**19 Ocean Dr.  
 Sup. Tr. FL 33469  
 City & State**



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

**59-1550419**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MATHIAS, MICHAEL  
 620 HOWARD CREEK LANE  
 STUART FL 34994**

7. Name and Address of New Registered Agent

Name **Michael Mathias**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1722 Coconut Drive**  
 City **Fort Pierce** FL Zip Code **34949**

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)

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MATHIAS, STACEY	
STREET ADDRESS	620 HOWARD CREEK LANE	1722 Coconut Dr.
CITY-ST-ZIP	STUART FL 34994	Fort Pierce, FL 34949
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, ELBERT R	
STREET ADDRESS	19 OCEAN DR.	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROWN (VIOLA)	
STREET ADDRESS	19 OCEAN DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)