

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90060 036 \*\*\*550.00

DOCUMENT # **545985**

1. Entity Name  
**Robert Stefani Co., Inc.**

**DO NOT WRITE IN THIS SPACE**

**979065**

2. Principal Place of Business  
**389 Century Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Marco Island, FL**  
Zip  
**34145**  
County  
**Collier**

City & State  
**Same**  
Zip  
Country

4. FEI Number  
**59-1769000**  
Applied For  
Not Applicable

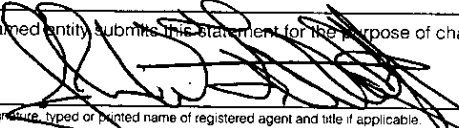
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**John W Fetterhoff**  
Street Address (P.O. Box Number is Not Acceptable)  
**389 Century Dr.**  
City  
**Marco Island FL** Zip Code  
**34145**

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  
**9/3/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. JOHN W. FETTERHOFF 920 Inlet Dr. Marco Isl. FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas. RUTH V. FETTERHOFF 920 Inlet Dr. Marco Isl. FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. STEFANI O'NEILL 389 CENTURY DR. MARCO ISLAND, FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR RORY O'NEILL 389 CENTURY DR. MARCO ISL. 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR NANCY RUSHTON 330 ELLENWOOD DR CANTON, GA. 30115</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 reports 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN W. FETTERHOFF**

DATE  
**9/3/02**  
Daytime Phone #  
**941-394-2341**

CR2E034B (12/01)