

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 547193

1. Entity Name

STUART'S SALES AND SERVICE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90015 046 ***150.00

Principal Place of Business

Mailing Address

3810 HOLLYWOOD BLVD
HOLLYWOOD FL 33021-3730

3810 HOLLYWOOD BLVD
HOLLYWOOD FL 33021-6730

002055

2. Principal Place of Business

3. Mailing Address

3061 N. 35 ST

3061 N. 35 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

4. FEI Number 59-1787564

Applied For
Not Applicable

Zip 33021-3730 Country USA

Zip 33021-3730 Country USA

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

LARSEN, STUART E
3061 N 35TH ST
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

1-10-00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	LARSEN, STUART E	
STREET ADDRESS	3061 N 35TH ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOMMER, SANDRA	
STREET ADDRESS	6706 E BOCA PINES TRL	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LARSEN, BONNY L	
STREET ADDRESS	3061 N 35TH ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
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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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: Bonny L. Larsen **BONNY L. LARSEN** 1-10-00 954-962-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)