**FILED** 

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91427 004 \*\*\*158.75

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

556127 DOCUMENT #

1. Entity Name

STOTTLER STAGG INTERNATIONAL, ARCHITECTS, ENGINE ERS, PLANNERS, INC.



8680 N ATLA	ce of Business ANTIC AVE VERAL FL 32920	Mailing Address P.O. BOX 1630 CAPE CANAVERAL FL 3 US	P.O. BOX 1630 CAPE CANAVERAL FL 32920					
2. Principal Place of Business		3. Mailing Address			<b>7</b> 18 <b>7</b> ) 8314 <b>9</b> 180) 11918 11911 1941 1	BIBA BIBA BABU BABU	<b>8  0   8  0     00</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		, City & State		4. FEI Numbe	4. FEI Number 59-1989217		pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Require	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
*			Name	Name				
F-1	ER, RICHARD H JR		Street Addres	ss (P.O. Box Number	r is Not Acceptable)			
i	ATLANTIC AVE ANAVERAL FL 32920		- 1,-	·			•	
to Contract	WALLACT I COSTO		City			Zin Cod		
	<u></u> <u></u>		City			FL Zip Cod		
	e named entity submits this statement for tions of registered agent.  Signature, typed or printer name of registered agent a		S registered office or regis			I am familiar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Flatida Department of State				Trus	ction Campaign Financing	☐ Added	May Be d to Fees	
10.	DSRV OFFICERS AND	DIRECTORS Delete	TITLE	ADDITIONS/C	CHANGES TO OFFICERS	AND DIRECTORS  Change	S IN 11  Addition	
TITLE NAME	KAZMIERCZAK, E.J.	LJ Delete	NAME				Montion	
STREET ADDRESS	8680 N ATLANTIC AVE		STREET ADDRESS					
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP	·				
TITLE	DSRV	☐ Delete	TITLE		<del></del>	☐ Change	☐ Addition	
NAME STREET ADDRESS	PEKAR, JOHN A		NAME Street address					
CITY-ST-ZIP	8680 N ATLANTIC AVE CAPE CANAVERAL FL 32920		CITY-ST-ZIP					
TITLE	STD	☐ Delete	TITLE	<del>,</del>	The series	☐ Change	Addition	
NAME	DEEVERS, JUDITH C		NAME				_	
STREET ADDRESS	8680 N ATLANTIC AVE		STREET ADDRESS					
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP		<del></del>			
TITLE	PD STOTTLER DICHARD H. ID	☐ Delete	TITLE			. Change	☐ Addition	
NAME STREET ADDRESS	STOTTLER, RICHARD H JR. 8680 N ATLANTIC AVE		NAME STREET ADDRESS					
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP					
TITLE	DSRV	☐ Delete	TITLE	*****		☐ Change	☐ Addition	
NAME	CAMPANINI, BINO		NAME			<del></del>		
STREET ADDRESS	8680 N. ATLANTIC AVE.		STREET ADDRESS				I	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP					
title i Name		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

CR2E034 (10/02)