

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 587111

1. Entity Name

STAN-JEL COMPANY, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90021 016 ***150.00

Principal Place of Business

Mailing Address

2714 BELL SHOALS RD
BRANDON FL 33511-7608
US

2714 BELL SHOALS RD
BRANDON FL 33511-7608
US

2. Principal Place of Business

P.O. Box 411

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 411

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brandon, FL

City & State

Brandon FL

4. FEI Number

59-2395530

Applied For

Not Applicable

Zip

Country

33509-0411 Hills

Zip

Country

33509-0411 Hills

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JELICO, RUBY L.
2714 BELL SHOALS RD
BRANDON FL 33511-7608

7. Name and Address of New Registered Agent

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

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 ☐ Delete

NAME
JELICO, RUBY L
STREET ADDRESS
2714 BELL SHOALS RD
CITY-ST-ZIP
BRANDON FL 33511-7608

TITLE ☐ Delete

NAME
JELICO, DIANE M
STREET ADDRESS
2714 BELL SHOALS RD
CITY-ST-ZIP
BRANDON FL 33511-7608

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/2000 662-1402

CR2F034 (9/99)