

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90666 049 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 587111**

1. Entity Name

**STAN-JEL COMPANY, INC.**

Principal Place of Business

P.O. BOX 411  
BRANDON FL 33509-0411  
US

Mailing Address

P.O. BOX 411  
BRANDON FL 33509-0411  
US

2. Principal Place of Business

**2910 BRUCKEN RD**  
Suite, Apt. #, etc.

3. Mailing Address

**PO Box 411**  
Suite, Apt. #, etc.

City & State

**VALRICO FL**

City & State

**BRANDON FL**

4. FEI Number

**59-2395530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip

**33594**

Country

**HILLSBOROUGH**

Zip

**33509-0411**

Country

**HILLSBOROUGH**

6. Name and Address of Current Registered Agent

**JELICO, DIANE M**  
**2910 BRUCKEN RD**  
**VALRICO FL 33594**

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 relistening)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JELICO, DIANE M</b>	
STREET ADDRESS	<b>2910 BRUCKEN RD</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hinojos, Shirley A.</b>	
STREET ADDRESS	<b>2910 Brucken Rd.</b>	
CITY-ST-ZIP	<b>Valrico, FL 33594</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Schwartzberger, Marlene</b>	
STREET ADDRESS	<b>2910 Brucken Rd.</b>	
CITY-ST-ZIP	<b>Valrico, FL 33594</b>	
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/21/02**

**813-463-0281**

Date

Daytime Phone #

CR2E034 (9/01)