

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90283 041 ***150.00

DOCUMENT # **587111**

1. Entity Name
STAN-JEL COMPANY, Inc.



DO NOT WRITE IN THIS SPACE

94077160

2. Principal Place of Business
2910 Brucken Rd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 411
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Valrico, FL.
Zip
33594

City & State
Brandon, FL.
Zip
33509

4. FEI Number
59-2395530

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
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jellico, Diane M. 2910 Brucken Rd. Valrico, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hinojos, Shirley A. 2910 Brucken Rd. Valrico, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Schwarzzenberger, Marlene 2910 Brucken Rd. Valrico, FL 33594
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Diane M. Jellico**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813
4/24/04 **662-6812**
Daytime Phone #

CR2E034B (12/02)