

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90228 049 ***150.00

00040006



DO NOT WRITE IN THIS SPACE

DOCUMENT # 602781

1. Entity Name
STUMP, WEBSTER, CRAIG & ASSOCIATES, P.A.

Principal Place of Business 201 N.MAGNOLIA AVE.,STE.300 ORLANDO FL 32801	Mailing Address 201 N.MAGNOLIA AVE.,STE.300 ORLANDO FLA 32801-1815
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2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1352598		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEBSTER, RONALD S. 201 N. MAGNOLIA AVENUE, SUITE #300 ORLANDO FL 32801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	P WEBSTER, RONALD S.		NAME		
STREET ADDRESS	201 WOOD LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STUMP, GARY L.		NAME		
STREET ADDRESS	249 WOOD LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **2-5500 4/27/252583**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/99)