

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

0019698 AB

DOCUMENT # **A24272**

1. Entity Name

**STADTLER ENTERPRISES, LTD.**

02 APR 25 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6209 E. MCKELLIPS RD.  
#395  
MESA AZ 85215-2856

Mailing Address

6209 E. MCKELLIPS RD.  
#395  
MESA AZ 85215-2856



2. Principal Place of Business

**748 EUREKA DR.**  
Suite, Apt. #, etc.

3. Mailing Address

**748 EUREKA**  
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

**VERSAILLES, KY**

City & State

**VERSAILLES, KY**

4. FEI Number

**86-0532842**

Applied For

Not Applicable

Zip

**40383**

Country

**WOODFORD**

Zip

**40383-1933**

Country

**WOODFORD**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SARTORIUS, EDMUND**  
**9445 SE 173RD LANE**  
**SUMMERFIELD FL 34491**

Name

**CAROL SARTORIUS**

Street Address (P.O. Box Number is Not Acceptable)

**9445 SE 173RD LANE**

City

**SUMMERFIELD**

FL

Zip Code

**34491**

7. Name and Address of New Registered Agent

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 **Carol Sartorius**

Signature, typed or printed name of registered agent and title if applicable.

**4-22-02**

DATE

9. Capital Contributions  
as Shown on record.

**\$425,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**303,813.38**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **G93019000038**  
NAME **STADTLER, RICHARD AND MA.**  
STREET ADDRESS **6209 E. MCKELLIPS RD.**  
CITY-ST-ZIP **MESA AZ 85215-2856**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**748 EUREKA DRIVE**

CITY-ST-ZIP

**VERSAILLES, KY 40383-1933**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

**200005451402--9**

CITY-ST-ZIP

**05/03/02 01105 012**

**\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

**Margaret M. Stadler, TTEE**  
**Richard and Margaret Stadler Family Trust, GP.**  
**859-873-2135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)