

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001563

1. Entity Name

STULLER SERVICE CENTERS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90162 021 \*\*\*150.00

Principal Place of Business

Mailing Address

302 RUE LOUIS XIV  
LAFAYETTE LA 70508

302 RUE LOUIS XIV  
LAFAYETTE LA 70508-5735

2. Principal Place of Business

3. Mailing Address

P.O. Box 660

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Broussard, LA

4. FEI Number

72-1342497

Applied For

Not Applicable

Zip

Country

Zip

70518-0660

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
2 S. BISCAYNE BLVD, SUITE 3400  
MIAMI FL 33131

Name  
William Hochman

Street Address (P.O. Box Number is Not Acceptable)  
1 N.E. 1st Street

Suite 222

City  
Miami

FL

Zip Code  
33132

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.

William Hochman - Manager

(NOTE: Registered Agent signature required when reinstating)

4-14-2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CCEO  
STULLER, MATTHEW  
302 RUE LOUIS XIV  
LAFAYETTE LA 70508 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COOD  
LEIN, CHARLES D  
302 RUE LOUIS XIV  
LAFAYETTE LA 70508 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LEIN, CHARLES D  
302 RUE LOUIS XIV  
LAFAYETTE LA 70508 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BROUSSARD, DOROTHY R  
302 RUE LOUIS XIV  
LAFAYETTE LA 70508 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Lein, Charles D.  
302 Rue Louis XIV  
Lafayette, LA 70508 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SQUYRES, ROBIN  
302 RUE LOUIS XIV  
LAFAYETTE LA 70508 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
STULLER, MATTHEW G  
302 RUE LOUIS XIV  
LAFAYETTE LA 70508 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Charles D. Lein

Date

Daytime Phone #

4/11/00

337-837-4100

CR2E034 (9/99)