

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90256 032 ***150.00

DOCUMENT # F99000001563

1. Entity Name
STULLER SERVICE CENTERS, INC.



Principal Place of Business
**302 RUE LOUIS XIV
LAFAYETTE LA 70508**

Mailing Address
**P. O. BOX 81889
LAFAYETTE LA 70598**

2. Principal Place of Business
1 NE 1st Street

3. Mailing Address

Suite, Apt. #, etc.
Suite 222

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Lafayette, LA

4. FEI Number **72-1342497**

Applied For
Not Applicable

Zip Country
33132 USA

Zip 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

**HOCHMAN, WILLIAM
1 N.E. 1ST STREET
SUITE 222
MIAMI FL 33132**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. 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
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CITY - ST - ZIP
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302 RUE LOUIS XIV
LAFAYETTE LA 70508** ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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SQUYRES, ROBIN
302 RUE LOUIS XIV
LAFAYETTE LA 70508** ☒ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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**T
STULLER, MATTHEW G
302 RUE LOUIS XIV
LAFAYETTE LA 70508** ☐ Delete

TITLE
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STREET ADDRESS
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CITY - ST - ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles D. Lein
CHARLES D. LEIN

4/24/03

(337) 262-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)