

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90064 018 ***150.00

DOCUMENT # G06997

1. Entity Name

THE STACOLE COMPANY, INC.

Principal Place of Business

Mailing Address

1082 SOUTH ROGERS CIRCLE
 BOCA RATON FL 33487

1082 SOUTH ROGERS CIRCLE
 BOCA RATON FL 33487-2826

2. Principal Place of Business

1003 CLINT MOORE RD.

Suite, Apt. #, etc.

3. Mailing Address

1003 CLINT MOORE ROAD

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

4. FEI Number

59-2310892

Applied For

Not Applicable

Zip

33487

Country

U.S.A.

Zip

33487

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANO, CHRISTOPHER
1082 SOUTH ROGERS CIRCLE
BOCA RATON 33487

7. Name and Address of New Registered Agent

Name

LANO, CHRISTOPHER

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

1003 CLINT MOORE ROAD

City

BOCA RATON

FL

Zip Code

33487

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.

(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

TITLE **VD** ☐ Delete
 NAME **LANO, CHRISTOPHER**
 STREET ADDRESS **641 SW 15 ST**
 CITY-ST-ZIP **BOCA RATON, FL 00000**

TITLE **PD** ☐ Delete
 NAME **LANO, ANTHONY**
 STREET ADDRESS **1800 N FRANKLIN DR, 905 A**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **STD** ☐ Delete
 NAME **LANO, GLADYS**
 STREET ADDRESS **1800 N FRANKLIN DR, 905 A**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **LANO, CHRISTOPHER**
 STREET ADDRESS **641 SW 15 ST.**
 CITY-ST-ZIP **BOCA RATON, FL. 33486**

TITLE **C** ☒ Change ☐ Addition
 NAME **LANO, ANTHONY**
 STREET ADDRESS **340 GULF OF MEXICO DR**
 CITY-ST-ZIP **LONG BOAT KEY, FL. 34228**

TITLE **STD** ☒ Change ☐ Addition
 NAME **LANO, GLADYS**
 STREET ADDRESS **340 GULF OF MEXICO DR.**
 CITY-ST-ZIP **LONG BOAT KEY, FL. 34228**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Lano

2-21-00 (561) 998-0029

Date

Daytime Phone #

CR2E034 (9/99)