

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J07279

1. Entity Name  
STAHLE ANN, INC.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90019 021 \*\*\*150.00

Principal Place of Business  
95 BEACH ST  
PONCE INLET FL 32127

Mailing Address  
95 BEACH ST  
PONCE INLET FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2669606

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

HEEBNER, PETER B  
523 N. HALIFAX AVENUE  
DAYTONA BEACH FL 32118

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
D / ST  
HARPER, DIXON P  
95 BEACH ST.  
PONCE INLET FL

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
LINK, KATHY  
95 BEACH ST  
PONCE INLET FL 32127

☐ Delete

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

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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:

*DIXON P HARPER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-13-00

904-756-1755

DIXON P HARPER, PRESIDENT

Attachment  
DH#507079  
DW72858

FLORIDA DEPT of STATE  
DIVISION of CORPORATIONS  
U.B.R. Filings  
P.O. Box 1500  
Tallahassee FL 32302-1500

Dear Sirs/Madam:

Enclosed Please find my CORPORATIONS check in the  
AMOUNT OF \$150.<sup>00</sup>/<sub>100</sub>. The Document # J 07279 had just been  
Delivered To Me, AND NO OTHER, ACCORDING TO MY BOOK  
KEEPER NOR REGISTERED AGENT HAS BEEN RECEIVED.

PER INSTRUCTIONS FROM YOUR OFFICE THIS WILL BE  
IN THE MAIL, FIRST THING IN THE MORNING, ONLY ONE DAY  
AFTER RECEIPT.

Thank you for your CONSIDERATION CONCERNING AN  
OVERSIGHT, THAT WOULD HAVE PUT ME IN A FINANCIAL SQUEEZE.

Sincerely,

Dixon P Harper

DIXON P HARPER, PRESIDENT