

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J50541

1. Entity Name  
COUNTLESS STOYANOFF, INCORPORATED

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90076 029 \*\*\*150.00

Principal Place of Business

% JOAN STOYANOFF  
4115 SE JIB LANE  
STUART FL 34997

Mailing Address

% JOAN STOYANOFF  
4115 SE JIB LANE  
STUART FL 34997

2. Principal Place of Business

1055 East Ocean Blvd  
Suite, Apt. #, etc.

3. Mailing Address

1055 East Ocean Blvd  
Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Stuart, Florida

Zip

34996

Country

U.S.A.

Zip

34996

Country

4. FEI Number

59-2830015

Applied For

Not Applicable

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

STOYANOFF, JOAN  
4115 SE JIB LANE  
STUART FL 34997

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

Joan Stoyanoff Joan Stoyanoff

Apr. 13-2001  
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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS STOYANOFF, JOAN  
CITY-ST-ZIP 4115 SE JIB LANE  
STUART FL

TITLE ☒ Change ☐ Addition  
NAME ADDRESS CHANGE (home) in July 2001  
STREET ADDRESS (#16) 3901 S.E. St. Lucie Blvd.  
CITY-ST-ZIP Stuart, Fl. 34997

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

Joan Stoyanoff (Joan Stoyanoff)

April 13-2001

561-  
286-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)