

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90078 043 ***550.00

DOCUMENT # J66432

1. Entity Name
STAHARIT, INC.

Principal Place of Business

**241 OMAHA ST. COUNTY ROAD 1
 PALM HARBOR FL 34683**

Mailing Address

**241 OMAHA ST. COUNTY ROAD 1
 PALM HARBOR FL 34683**

975858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2927514**

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

**TRIAS, STACY
 1991 SADDLE HILL ROAD NORTH
 DUNEDIN FL 3498**

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

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, 2002 Fee 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

P ☐ Delete
**TRIAS, STACY H
 1991 SADDLE HILL RD N
 DUNEDIN FL 34698**

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

VP ☐ Delete
**TRIAS, DANA
 233 COUNTRYSIDE KEY BOULEVARD
 OLDSMAR FL 34677**

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

☐ Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 TITLE 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: Dana **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-786-7175

CR2E034 (4/02)