

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90001 024 ***150.00

DOCUMENT # J74688

1. Entity Name

STUART DOPPELT ENTERPRISES, INC.



Principal Place of Business

437 PLAZA REAL
BOCA RATON FL 33432
US

Mailing Address

437 PLAZA REAL
BOCA RATON FL 33432
US

2. Principal Place of Business

365 E. PALMETTO PK. RD.
Suite, Apt. #, etc.

3. Mailing Address

365 E. PALMETTO PK. RD.
Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

33432

Country

PALM BEACH

Zip

33432

Country

PALM BEACH

6. Name and Address of Current Registered Agent

DOPPELT, RONI
3615 S OCEAN BLVD
HIGHLAND BCH FL 33431

7. Name and Address of New Registered Agent

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, 2004 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

TITLE: PTD
NAME: DOPPELT, STUART
STREET ADDRESS: 3615 S OCEAN BLVD
CITY-ST-ZIP: HIGHLAND BCH FL
☒ Delete

TITLE: VSD
NAME: DOPPELT, RONI
STREET ADDRESS: 3615 S OCEAN BLVD
CITY-ST-ZIP: HIGHLAND BEACH FL
☒ Delete

TITLE: ~~PRESIDENT~~
NAME: ~~STUART~~
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

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:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT
NAME: STUART DOPPELT
STREET ADDRESS: 365 E. PALMETTO PARK ROAD
CITY-ST-ZIP: BOCA RATON, FL. 33432
☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-04 561-338-3104