

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90099 037 \*\*\*150.00

**DOCUMENT # K40010**

1. Entity Name

**STETSON'S CAR CORRAL, INC.**

Principal Place of Business

**320 SE 28TH TERR  
 CAPE CORAL FL 33904  
 US**

Mailing Address

**P O BOX 3368  
 N FT MYERS FL 33918-3368  
 US**

2. Principal Place of Business

**3436 HANCOCK BRIDGE PKWY  
 Suite, Apt. #, etc.  
 SLIP #136**

3. Mailing Address

**P.O. Box 152175  
 Suite, Apt. #, etc.**

City & State

**NORTH FT MYERS FL**

City & State

**CAPE CORAL FL**

4. FEI Number

**65-0076488**

Applied For

Not Applicable

Zip

**33903**

Country

**USA**

Zip

**33915-2175**

Country

**USA**

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

**SCHVENSKI, JERILYN D.**

**320 SE 28TH TERR  
 CAPE CORAL FL 33904**

Name

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

**HANCOCK BRIDGE MARTINA**

**3436 HANCOCK BRIDGE PKWY - #136**

City

**N FT MYERS FL**

FL

Zip Code

**33903**

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

**JERILYN D. SCHVENSKI**

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, 2002 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 NAME	PD SCHVENSKI, BRUCE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	320 SE 28TH TERR CAPE CORAL FL	
TITLE NAME	STD SCHVENSKI, JERILYN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	320 SE 28ST TERR CAPE CORAL FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3436 HANCOCK BRIDGE PKWY - #136 NORTH FT MYERS, FL 33903
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3436 HANCOCK BRIDGE PKWY - #136 NORTH FT MYERS, FL 33903
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**JERILYN D. SCHVENSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**941-656-3800**

CR2E034 (9/01)