

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K40514

1. Entity Name

STANET, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90012 041 ***150.00

Principal Place of Business

851 VILLAGE BLVD
SUITE 502
WEST PALM BCH FL 33409
US

Mailing Address

851 VILLAGE BLVD
SUITE 502
WEST PALM BCH FL 33409-1936
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0082495

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

KRASULAK, STANLEY
10209 ALLAMANDA BLVD.
PALM BEACH GARDENS FL 33410

Name

KRASULAK, JANET L.

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

10209 Allamanda Blvd

Palm Beach Gardens

FL

Zip Code 33410

8. The above named entity adopts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Stanley Krasulak* *Janet Krasulak, Pres.* 3/22/00
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, 2000 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASULAK, STANLEY		NAME		
STREET ADDRESS	10209 ALLAMANDA BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASULAK, JANET		NAME		
STREET ADDRESS	10209 ALLAMANDA BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Stanley Krasulak* *Stanley Krasulak, V.P.* 3/22/00 683-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)