

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90787 001 ***600.00

DOCUMENT # **L03358**

1. Entity Name

STAKRIST, INC.

DO NOT WRITE IN THIS SPACE

66417973

2. Principal Place of Business

2626-3 E. Tamiami Trail, Same

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34112

Country

Zip

Country

4. FEI Number

65-014-0464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current 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.

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **PRES.**
NAME **CARDINO, JOSEPH P. JR.**
STREET ADDRESS **~~2000 SANDPIPER ST.~~**
CITY-ST-ZIP **Naples, FL 34102.**

TITLE **V. Pres.**
NAME **KOSCHKA, JOANN M.**
STREET ADDRESS **1400 POMPEII LANE, #1 Naples**
CITY-ST-ZIP **FL 34103**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04

Date

239-417-8516

Daytime Phone #

CR2E034B (12/01)