

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90520 040 ***150.00

DOCUMENT # L06266

1. Entity Name
STANHAUSER, INC.



Principal Place of Business
% STEVEN D. HAUSER
1180 HAVENDALE BLVD
WINTER HAVEN FL 33881-1382

Mailing Address
% STEVEN D. HAUSER
1327 ARROWHEAD CT
AUBURDALE FL 33823



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0139731**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HAUSER, STEVEN D.
1327 ARROWHEAD CT
AUBURDALE FL 33823

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, 2003 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 **CPT** ☐ Delete
NAME **HAUSER, STEVEN D.**
STREET ADDRESS **1327 ARROWHEAD CT**
CITY-ST-ZIP **AUBURDALE FL**

TITLE **VPS** ☐ Delete
NAME **WHITLEY, PATRICIA A**
STREET ADDRESS **1325 ARROWHEAD CT**
CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE **VP** ☐ Delete
NAME **HAUSER, STEVEN D JR**
STREET ADDRESS **11623 DARSEY RD**
CITY-ST-ZIP **PARRISH FL 34219**

TITLE **VP** ☐ Delete
NAME **HAUSER, VICKI L**
STREET ADDRESS **2203 SHERMONT PL**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 an other like empowered.

SIGNATURE: **STEVEN D. HAUSER** **4/22/03** **863-967-6545**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)