

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
AUBURNDALE FL 33823



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0139731**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUSER, STEVEN D.
1327 ARROWHEAD CT
AUBURNDALE FL 33823

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPT	<input type="checkbox"/> Delete
NAME	HAUSER, STEVEN D.	
STREET ADDRESS	1327 ARROWHEAD CT	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WHITLEY, PATRICIA A	
STREET ADDRESS	1325 ARROWHEAD CT	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAUSER, STEVEN D JR	
STREET ADDRESS	11623 DARSEY RD	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAUSER, VICKI L	
STREET ADDRESS	2203 SHERMONT PL	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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 another like empowered.

SIGNATURE: *Steven D. Hauser* **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)