

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90196 014 ***150.00

DOCUMENT # L23473

1. Entity Name
STOLL HEALTH CARE CONSULTING SERVICES, INC.



Principal Place of Business
**201 MICHIGAN AVE
ST. CLOUD FL 34769
US**

Mailing Address
**C/O 717 E. OAK STREET
KISSIMMEE FL 34744
US**



2. Principal Place of Business
P. O. Box 701934

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud, FL 34770-1934

City & State

4. FEI Number **59-2980196**

Applied For

Not Applicable

Zip

34770-1934

Country

USA

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

**SWART, HARRY J.
717 E. OAK STREET
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name **Andy J. Baumruk, CPA**
Street Address (P.O. Box Number is Not Acceptable)
717 E. Oak Street
City **Kissimmee** **FL** Zip Code **34744**

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

1/23/03

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 **SD** ☐ Delete
NAME **STOLL, SCOTT**
STREET ADDRESS **201 MICHIGAN AVE**
CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **PD** ☐ Delete
NAME **STOLL, BARBARA**
STREET ADDRESS **201 MICHIGAN AVE**
CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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)(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 all other like empowered.

SIGNATURE: **SCOTT STOLL, V.P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **16 APR 03** Daytime Phone # **2407-892-9054**

CR2E034 (10/02)