FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 31, 2002 8:00 am Secretary of State

03-31-2002 90354 002 ***150.00

DO NOT WRITE IN THIS SPACE

DATE

)	NOT	WRITE	N	THIS	SPACE	
						 B005400

2. Principal Place of Business 107 Massasoit St
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Auburndale F1

Zip 3823

Polik

3 Maijing Address 107 Massasoit St
Suite, Apt. #, etc.

DO NOT WF

4. FEI Number 59-2976480

Country Folk
7 Salabar 107 Massasoit St
Suite, Apt. #, etc.

City & State Auburndale, F1
Suite, Apt. #, etc.

City & State Auburndale, F1
Suite, Apt. #, etc.

City & State F1 Suite, Apt. #, etc.

City & State F2 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State F2 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and title if applicable.

	7. Name and A	ddress of Currer	nt Registered A	gent	
Name					
Street Addres	s (P.O. Box Numbe	r is Not Acceptab	le)		
		<u> </u>			
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.

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

(See criteria on back)

DOCUMENT #/ 22

Stambaugh Properties, Inc.

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

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required _- -

Not Applicable

	OFFICERS AND DIRECTORS	A	
TITLE P NAME OF S STREET ADDRESS CITY-ST-ZIP	DP Stambaugh, III Jere 209 Osceola St Auburndale, Fl 33823	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

TERF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

863.967-3292

Daytime Phone #