

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90186 032 ***150.00

DOCUMENT # **L24767**

1. Entity Name

STAMBAUGH PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

80051418

2. Principal Place of Business

107 Massasoit St
Suite, Apt. #, etc.

3. Mailing Address

107 Massasoit St
Suite, Apt. #, etc.

City & State

Auburndale, FL

City & State

Auburndale, FL

Zip

33823

Country

Polk

Zip

33823

Country

Polk

4. FEI Number

59-2976480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert J Stambaugh

Street Address (P.O. Box Number is Not Acceptable)

99 6th ST SW

City

Winter Haven

FL

Zip Code

33880

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Stambaugh, III Jere L
209 Osceola St
Auburndale, FL 33823

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
Stambaugh, Rosemary c
209 Osceola St
Auburndale, FL 33823

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: **Jere Stambaugh**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-03 8639673292

Date

Daytime Phone #

CR2E034B (12/02)