## 2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	ENT # <b>L4526</b> ER & CO., INC.	7													
Principal Place of Business  C/O JOSEPH Ł. STOVER. ACCOUNTANT  4310 MCCORVEY ROAD  DELAND FL 32724  2. Principal Place of Business		Mailing Address  C/O JOSEPH L. STOVER. ACCOUNTANT 4310 MCCORVEY ROAD DELAND FL 32724-9750  3. Mailing Address													
								Suite, Apt. #, etc.		Suite, Apt. #, etc.					
								City & State		City & State					
Zip	Country	- Zip Co	untry. 5. C												
	6. Name and Address of Cu	irrent Registered Agent	7. N												
			Name												
STOVER, JOSEPH L. 4310 MCCORVEY ROAD DELAND FL 32724			Street Address (P.O. Bo												
UELANI	J FL 32124		City												

## **FILED** Apr 24, 2000 8:00 am Secretary of State 04-24-2000 90089 049 \*\*\*150.00

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C/O JOSEPH Ł. STOVER. ACCOUNTANT 4310 MCCORVEY ROAD DELAND FL 32724		C/O JOSEPH L. STOVER. ACCOUNTANT 4310 MCCORVEY ROAD DELAND FL 32724-9750				) (88)(8() 8() 8	( <b>88) (8))(8 (18)</b>	AA' AIBII AIAIR	Algij gjati at	3() D(B)( 1884	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		1						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS S	PACE		
City & State	9	City & State	City & State		4. F	FEI Number	59-2988784	-		pplied For ot Applicable	}
Zip	Country	- Zip	- Zip Country.			5. Certificate of Status Desired Fe				8.75 Additional	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. N	Name and Add	dress of New Re	gistered A	gent		]
				Name							
4310	VER, JOSEPH L. MCCORVEY ROAD		Street Address (I		s (P.O. Bo	(P.O. Box Number is Not Acceptable)					
DELA	ND FL 32724		-	City				FL	Zip Co	de	$\frac{1}{2}$
								<u> </u>	J <u>.</u>		_
8. The above	named entity submits this statement for	or the purpose of changing its	registere	d office or regist	ered age	ent, or both, in	the State of Flori	ida.			
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOT)	E: Registered	Agent signature requir	red when rei	einstating)		DATE		-	j
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			1	n Campaign Fina und Contribution.			00 May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.		- AD	DITIONS/CH	ANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 11	1
TITLE	PD	Delete	TITLE						☐ Change	Addition	78
NAME	STOVER, JOSEPH L.		NAME								3
STREET ADDRESS	4310 MCCORVEY RD.		STRE								8
CITY - ST - ZIP	DELAND FL		CITY-	ST-ZIP							ځ ل
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	{
NAME			NAME								
STREET ADDRESS				T ADDRESS							}
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CITY-ST-ZIP				ST-ZIP							
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TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
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STREET ADDRESS			■ STREE	T ADDRESS							- 1
CITY-ST-ZIP				ST-ZIP							

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

How a INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR