

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90164 011 \*\*\*\*61.25

**DOCUMENT # N00000002246**

1. Entity Name  
**STOP-IT, INC.**



Principal Place of Business  
**PO BOX 91  
SANIBEL FL 33957**

Mailing Address  
**PO BOX 91  
SANIBEL FL 33957**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1005167**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, GAREY F  
HUMPHREY & KNOTT, P.A.  
1625 HENDRY STREET, SUITE 301  
FORT MYERS FL 33901**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BECKE, JOAN</b>	
STREET ADDRESS	<b>1350 SAND CASTLE ROAD</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GILHOOLEY, THOMAS V</b>	
STREET ADDRESS	<b>2629 WEST GULF DRIVE</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>GILLESPIE, MICHAEL J</b>	
STREET ADDRESS	<b>1291 SAND CASTLE ROAD</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>KATCHEN, BERNARD</b>	
STREET ADDRESS	<b>1271 SAND CASTLE ROAD</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PONADER, WAYNE C</b>	
STREET ADDRESS	<b>1475 SAND CASTLE ROAD</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 617, 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: *Bernard Katchen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/21/03*

*239 472 3640*

CR2E037 (10/02)