

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

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

06-15-2005 90096 021 \*\*\*\*61.25

DOCUMENT # **N18271**

1. Entity Name



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**51-OLD KINGS RD**

3. Mailing Address

**P.O. BOX 350219**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM COAST, FL**

City & State

**PALM COAST, FL**

Zip

**32137**

Country

**USA**

Zip

**32137-0219**

Country

**USA**

4. FEI Number

**59-3081983**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **STEPHAN P. SAPIENZA**

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

**300 N. STATE ST.**

City

**BUNNELL**

**FL**

Zip Code

**32110**

**DO NOT WRITE  
IN THIS SPACE**

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	<b>PD</b> <b>Shierling John W.</b> <b>22 CRISTON CT.</b> <b>PALM COAST, FL 32137</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Genevieve, Louis</b> <b>8 PACIFIC DRIVE</b> <b>PALM COAST, FL 32154</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MEISTER</b> <b>126 WHISPERING PINES DR.</b> <b>PALM COAST, FL 32154</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TB</b> <b>Shierling John W. (Acting)</b> <b>22 CRISTON CT</b> <b>PALM COAST, FL 32137</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**John W. Shierling**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10 MAY 2005 (376)446-5632**  
Date Daytime Phone #

CR2E034B (12/02)