

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005305

1. Entity Name

STAGE PAYMASTERS II, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90017 025 \*\*\*\*70.00

Principal Place of Business

7663 15TH STREET, NORTH  
PALM BEACH GARDENS FL 33418

Mailing Address

7663 15TH STREET, NORTH,  
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0865657

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEBLANC, JOHN  
7663 15TH STREET, NORTH  
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME HOWARTH, RICHARD  
STREET ADDRESS 7663 15TH STREET, NORTH  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ Delete  
NAME LEBLANC, JOHN  
STREET ADDRESS 7663 15TH STREET, NORTH  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ Delete  
NAME FORD, STEPHEN  
STREET ADDRESS 7663 15TH STREET, NORTH  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/01

561-747-0922

CR2E037 (10/00)