

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000027

1. Entity Name

WILLIAM STAMMER INC.

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90079 046 \*\*\*550.00

Principal Place of Business

Mailing Address

~~1909 2ND STREET~~  
~~INDIAN ROCKS BEACH FL 33785~~

~~1909 2ND STREET~~  
~~INDIAN ROCKS BEACH FL 33785~~

2. Principal Place of Business

3. Mailing Address

851 BAYWAY BLVD. #501

851 BAYWAY BLVD. #501

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER, FL

CLEARWATER, FL

Zip

Country

Zip

Country

33767

USA

33767

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-3617035

Not Applicable

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

STAMMER, WILLIAM

~~1909 2ND STREET~~

~~INDIAN ROCKS BEACH FL 33785~~

Name

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

851 BAYWAY BLVD. #501

City

CLEARWATER BEACH

FL

Zip Code

33767

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
WILLIAM STAMMER  
851 BAYWAY BLVD. #501  
CLEARWATER BEACH, FL 33767

☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 13/00