

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91296 014 ***150.00

DOCUMENT # P00000011724

1. Entity Name
**STEPHEN WOJTASZEK'S RUBBER STAMP EXPRESS
& MORE INC.**



Principal Place of Business
**845 7TH AVENUE
UNIT 6
VERO BEACH, FL 32960**

Mailing Address
**845 7TH AVENUE
UNIT 6
VERO BEACH, FL 32960**

11023887



2. Principal Place of Business

4014 43rd Ave

3. Mailing Address

4014 43rd Ave

Suite, Apt. #, etc.

Ste 4

Suite, Apt. #, etc.

Ste 4

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32960

Country

INDIAN RIVER

Zip

32960

Country

INDIAN RIVER

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0989183
65-0297693**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOJTASZEK, STEPHEN
4345 FIRST STREET
VERO BEACH, FL 32968**

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. 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 \$160.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **WOJTASZEK, STEPHEN**
STREET ADDRESS **4345 FIRST STREET**
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen P Wojtaszek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

772-569-5004

Daytime Phone #

CR2E034 (10/02)