

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90086 023 \*\*\*150.00

**DOCUMENT # P00000039602**

**1. Entity Name**  
**SIU REVIEW, INC.**

**Principal Place of Business**

**2440 W. SR 426**  
**OVIEDO FL 32765**

**Mailing Address**

**PO BOX 623128**  
**OVIEDO FL 32762-3128**

**2. Principal Place of Business**

**2100 ALAFAYA TRAIL**

Suite, Apt. #, etc.

**SUITE #205**

City & State

**OVIEDO, FL**

Zip

**32765**

Country

**USA**

**3. Mailing Address**

**P.O. BOX 623128**

Suite, Apt. #, etc.

**OVIEDO, FL**

City & State

Zip

**32762-3128**

Country

**USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**59-3668837**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**PACHA, DEBRA**  
**2440 W. SR 426**  
**OVIEDO FL 32765**

**7. Name and Address of New Registered Agent**

Name **RATCLIFF, STEPHEN J.**

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

**2100 ALAFAYA TRAIL**

**SUITE 205**

City

**OVIEDO**

**FL**

Zip Code

**32765**

**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.

**STEPHEN J. RATCLIFF**

(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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐

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

**11. OFFICERS AND DIRECTORS**

TITLE **DP** ☐ Delete  
 NAME **PACHA, DEBRA**  
 STREET ADDRESS **2440 E. SR 426**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **VD** ☐ Delete  
 NAME **RATCLIFF, STEPHEN J**  
 STREET ADDRESS **2440 W. SR 426**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **PACHA, DEBRA L**  
 STREET ADDRESS **2100 ALAFAYA TRAIL SUITE 205**  
 CITY-ST-ZIP **OVIEDO, FLORIDA 32765**

TITLE **CD** ☒ Change ☐ Addition  
 NAME **RATCLIFF, STEPHEN J**  
 STREET ADDRESS **2100 ALAFAYA TRAIL SUITE 205**  
 CITY-ST-ZIP **OVIEDO, FLORIDA 32765**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**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 OF SIGNING OFFICER OR DIRECTOR**  
**STEPHEN J. RATCLIFF**

**1/25/02**

**(407)359-0074**  
 Daytime Phone #

CP2E034 (9/01)