## FILED

Sep 02, 2002 8:00 am Secretary of State

## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** P00000046695 1. Entity Name 09-02-2002 90149 042 \*\*\*550 00 STFG, INC. Principal Place of Business Mailing Address 17738-122ND DRIVE NORTH 17738-122ND DRIVE NORTH JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1007093 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHORL, PAMELA Street Address (P.O. Box Number is Not Acceptable) 17738-122ND DRIVE NORTH JUPITER FL 33478 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHORL, C. TOD NAME NAME STREET ADDRESS 17738-122ND DRIVE NORTH STREET ADDRESS CITY-ST-7IP JUPITER FL 33478 CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition WHORL, PAMELA NAME 17738-122ND DRIVE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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.

(4/02)