

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
 03-21-2001 90071 012 ***150.00

0263958

DOCUMENT # P00000064685

1. Entity Name
GLORIA STOCKHAMMER P.A.

Principal Place of Business
**497 LAKEVIEW DR.
 CORAL SPRINGS FL 33071**

Mailing Address
**497 LAKEVIEW DR.
 CORAL SPRINGS FL 33071**

2. Principal Place of Business
7933 Exeter Cir. E.
 Suite, Apt. #, etc.

3. Mailing Address
7933 Exeter Cir. E.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tamarac, FL
 Zip
33321
 Country
USA

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Tamarac, FL
 Zip
33321
 Country
USA

4. FEI Number
65 126327
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STOCKHAMMER, GLORIA
 497 LAKEVIEW DR.
 CORAL SPRINGS FL 33071**

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 *Gloria Stockhammer* *Gloria Stockhammer, Pres 3/18/01*
 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 \$150.00
After MAY 1, 2001 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

| | | |
|--|--|---------------------------------|
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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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: *Gloria Stockhammer, Pres* *Gloria Stockhammer 3/18/01* *3415700*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)