

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90160 048 ***150.00

DOCUMENT # P00000094120

1. Entity Name
ST&T ENTERPRISES, INC.

Principal Place of Business
**2379 CEDAR SHORES DR.
 JACKSONVILLE FL 32210-3909**

Mailing Address
**2379 CEDAR SHORES DR.
 JACKSONVILLE FL 32210-3909**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4208 Herschel St
 Suite, Apt. #, etc.
Jacksonville FL
 City & State

3. Mailing Address
4208 Herschel St
 Suite, Apt. #, etc.
Jacksonville FL
 City & State

Zip **32210** Country **USA** Zip **32210** Country **USA**

4. FEI Number
59-3625225

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**HARRELL, SUE B
 2379 CEDAR SHORES DR.
 JACKSONVILLE FL 32210-3909**

7. Name and Address of New Registered Agent
 Name **Sue B HARRELL**
 Street Address (P.O. Box Number is Not Acceptable)
4208 Herschel St
Jacksonville
 City **FL** Zip Code **32210**

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 **Sue B Harrell** DATE **4/20/01**
 Signature, typed or printed name of registered agent and fee (if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Sue B HARRELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, SUE B		NAME	Sue B HARRELL	
STREET ADDRESS	2379 CEDAR SHORES DR.		STREET ADDRESS	4208 Herschel St	
CITY-ST-ZIP	JACKSONVILLE FL 32210-3909		CITY-ST-ZIP	JAX FL - 32210 - 3909	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 life empowered.

SIGNATURE: **Sue B Harrell** DATE **4/20/01** DAYTIME PHONE # **904-388-9070**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)