2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000016028 **DOCUMENT #**

1. Entity Name

STOEKE-HOLCOMB ENTERPRISES, INC.



FILED Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90097 005 ***150.00

CON WE THE

Principal Place of Business 6101 SILVER STAR ROAD ORLANDO FL 32808-4242			6101	Mailing Address 6101 SILVER STAR ROAD ORLANDO FL 32808-4242						
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State.			Cit	City & State			. 4.	3/-//904//-	Applied For	
Zip	Country Zip				Country		5.	Certificate of Status Desired S8.75 A	Not Applicable	
	6. Name	and Address of Current	Register	istered Agent			7, 1	Fee Required 7. Name and Address of New Registered Agent		
STOEKE, WALTER III						Name				
6101 SILV	/ER STAR R	OAD		Street Addres			dress (P.O. B	s (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32808-4242										
	·					City		FL Zip Co		
8. The above the obligat	named entity	submits this statement fo	r the purp	oose of changing its	registere	ed office or r	egistered ag	pent, or both, in the State of Florida. I am familiar with	, and accept	
SIGNATURE .			·							
		r printed name of registered agent a	and title if app	olicable. (NOTE	: Registered	d Agent signature	required when re	einstating) DATE	·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Sta			State						00 May Be	
10.		OFFICERS AND		L PRS	11.	<u> </u>		DITIONS/CHANGES TO OFFICERS AND DIRECTOR	20 101 44	
	D			☐ Delete	TITLE			Change	Addition	
		/alter e III R Star Road Fl 32808-4242				T ADDRESS ST-ZIP		Onlange	Addition	
TITLE NAME				☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		<u>·</u>			STREE	T ADDRESS ST-ZIP	***			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		☐ Change	Addition	

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: