

P8100002L533

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

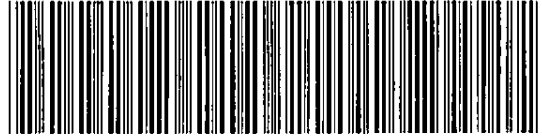
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



000430637420

2004-04-01 11:11:11 \$1350.00

2004-04-01 11:11:11  
\$1350.00

AP

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Stunts Incorporated-Frank Ferrara (new)

DOCUMENT NUMBER: P01000020533

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne Marie Feltus

\_\_\_\_\_  
Name of Contact Person

Stunts Incorporated-Frank Ferrara

\_\_\_\_\_  
Firm/ Company

100 Shell Flower Cove

\_\_\_\_\_  
Address

Winter Springs, FL 32708

\_\_\_\_\_  
City/ State and Zip Code

amf128@optonline.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Marie Feltus

at ( 732 ) 718-6019  
\_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

(Name of Corporation as currently filed with the Florida Dept. of State)

Stunts, Inc.-P01000020533, Tracking # 6100693997CR

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Stunts Incorporated - Frank Ferrara

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

90 Alpha Ave

Old Bridge, NJ 08857

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

90 Alpha Ave

Old Bridge, NJ 08857

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

Anne Marie Feltus

100 Shell Flower Cove

(Florida street address)

New Registered Office Address:

Winter Springs

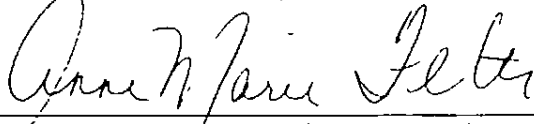
Florida 32708

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P - President; V - Vice President; T - Treasurer; S - Secretary; D - Director; TR - Trustee; C - Chairman or Clerk; CEO - Chief Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

**Example:**

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change		Frank Ferrara (deceased)	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	Anne Marie Feltus	90 Alpha Ave, Old Bridge, NJ 08857
<input checked="" type="checkbox"/> Add			100 Shell Flower Cove, Winter Springs FL 32708
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>✓</u>	Ralph Ferrara	160 Seidman Ave, Staten Island, NY 10312
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>✓</u>	Frank Ferrara, Jr.	271D Signs Road, Staten Island, NY 10314
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

Stunts, Inc. (original)

Corporation opened in 2002 by Frank Ferrara

- Frank Ferrara passed 1/15/17.
- Frank's 3 children took ownership + filed taxes from 2017-2023
- Unaware of requirement to re-file w/ the State annually-
- Re-instatement filed - declined - Name taken

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: 3/6/24, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)"

Dated 3/6/24

Signature

Anne Marie Felts

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Anne Marie Felts

(Typed or printed name of person signing)

President

(Title of person signing)

2017-02-17 13:48

IN THE CIRCUIT COURT OF THE  
FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH  
COUNTY, FLORIDA

PROBATE DIVISION

CASE NO.: 502017CP001729XXXXMB/IB

IN RE: THE ESTATE OF

FRANCIS FRANK FERRARA  
a/k/a FRANK FERRARA,

Deceased.

**LETTERS OF ADMINISTRATION**

TO ALL WHOM IT MAY CONCERN

WHEREAS, Francis Frank Ferrara, a resident of Palm Beach County, died on January 15, 2017, owning assets in the State of Florida, and

WHEREAS, Anne Marie Feltus and Ralph Ferrara, have been appointed Co-Personal Representatives of the estate of the decedent and have performed all acts prerequisite to issuance of Letters of Administration in the estate,

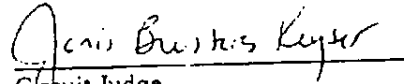
NOW, THEREFORE, I, the undersigned Circuit Judge, declare Anne Marie Feltus and Ralph Ferrara, to be duly qualified under the laws of the State of Florida to act as Co-Personal Representatives of the Estate of Francis Frank Ferrara, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets

17 APR 18 AM 9:01  
SHARON L. DICK, CLERK  
PROBATE DIVISION  
Palm Beach County, FL

FILED

of the estate will permit and the law directs; and to make distribution of the estate according to law.

DONE AND ORDERED in West Palm Beach, Palm Beach County this 18  
day of April, 2017.

  
Circuit Judge

Copies furnished to:

Bennett S. Cohn, Esquire  
1806 Old Okeechobee Road  
West Palm Beach, FL 33409  
[pleadings@bcohnlaw.com](mailto:pleadings@bcohnlaw.com)  
[bennettcohn@bcohnlaw.com](mailto:bennettcohn@bcohnlaw.com)



STATE OF FLORIDA - PALM BEACH COUNTY

hereby certify that the foregoing is a true  
copy as recorded in my office and the  
same is to be filed and preserved

18 APR 17  
JENIS BROOKS KEYSER  
CLERK OF COURT  
STATE OF FLORIDA



# THE CITY OF NEW YORK

## VITAL RECORDS CERTIFICATE

### DEATH TRANSCRIPT

2017 JAN 16 PM 2:48

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH Certificate No. 156-17-002335

NEW YORK CITY  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE  
JANUARY 17, 2017 05:56 PM

1. DECEDENT'S LEGAL NAME **FRANK FERRARA**  
(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	2a. New York City 2b. Borough 2c. Death	2d. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input checked="" type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	2e. Any Hospice care in last 30 days 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) 160 Seidman Avenue Staten Island, New York 10312	
	Date and Time of Death 3a. (Month) (Day) (Year-yyyy) January 15 2017 3b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 02:15 4 Sex Male 5. Date last attended by a Physician mm dd yyyy 01 12 2017	6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate. Name of Physician <u>Alexander Bershadskiy MD</u> (Type or Print) Address <u>78 Meisner Avenue, Staten Island, New York 10306</u> Signature <u>Alexander Bershadskiy</u> Signature Electronically Authenticated License No. <u>263136</u> Date <u>JAN-16-2017</u> D.O. M.D.				
PERSONAL PARTICULARS (To be filled in by Funeral Director or in case of City Burial by Physician)	7a. Usual Residence State Florida	7b. County Palm Beach	7c. City or Town Wellington	7d. Street and Number 3950 Whaleboat Way	7e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	8. Date of Birth (Month) (Day) (Year-yyyy) September 13 1946	9. Age at last birthday (years) 70	10. Social Security No. 112-36-1843			
	11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Stuntman	11b. Kind of business or industry Unknown	12. Aliases or AKAs			
	13. Birthplace (City & State or Foreign Country) Brooklyn, New York	14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 4 <input type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA) 2 <input type="checkbox"/> 9th - 12th grade, no diploma 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or 3 <input checked="" type="checkbox"/> High school graduate or GED 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) Professional degree (e.g., MD, DDS, DVM, LLB, JD)				
	15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	16. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input checked="" type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify		17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last) ***		
18. Father's Name (First, Middle, Last) Ralph Ferrara			19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Anna Medina			
20a. Informant's Name Ann Marie Feltus		20b. Relationship to Decedent Daughter		20c. Address (Street and Number Apt. No City & State ZIP Code) 90 Alpha Avenue, Old Bridge, New Jersey 08857		
21a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify				21b. Place of Disposition (Name of cemetery, crematory, other place) Greenwood Cemetery		
21c. Location of Disposition (City & State or Foreign Country) Brooklyn, New York				21d. Date of Disposition mm dd yyyy 01 18 2017		
22a. Funeral Establishment Scarpaci Funeral Home, Inc.				22b. Address (Street and Number City & State ZIP Code) 1401 86th Street, Brooklyn, New York 11228		

VR 15 (Rev. 01.06)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by § 3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

Steven P. Schwartz, Ph.D., City Registrar



Y00506920

Form **8879-CORP****E-file Authorization for Corporations**

(December 2022)

For calendar year 2022, or tax year beginning 20 ending 20

Department of the Treasury  
Internal Revenue ServiceUse for efile authorizations for Form 1120, 1120-F or 1120S.  
Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879CORP](http://www.irs.gov/Form8879CORP) for the latest information.

OMB No. 1545-0123

Name of corporation

STUNTS INC

Employer identification number

65-1088021

**Part I Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	49,678.

**Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize \_\_\_\_\_ ERO firm name \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
do not enter all zeros  
on the corporation's electronically filed income tax return.

☒ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature Anna Marie Feltz Date 1/26/24 Title TREASURER

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

1	1	5	4	5	0	1	1	5	4	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 03/15/2023

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see Instructions.  
BAA

REV 03/08/23 PRO

Form **8879-CORP** (12-2022)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2024

ANNE MARIE FELTUS  
100 SHELL FLOWER COVE  
WINTER SPRINGS, FL 32708

SUBJECT: STUNTS, INC.  
Ref. Number: P01000020533

We have received your document for STUNTS, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$1650.00.

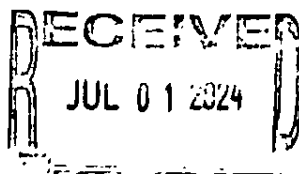
Please submit all documents along with your payment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 724A00011116



[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314