

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90725 019 ***150.00

DOCUMENT # PO 1000020845

1. Entity Name

STIMA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1409 ATLANTIC BLVD.

Suite, Apt., etc.

3. Mailing Address

809 LA SALLE STREET

Suite, Apt., etc.

City & State

JACKSONVILLE, FL

Zip 32207

Country

City & State

JACKSONVILLE, FL

Zip 32207

Country

4. FEI Number

59-3704555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Annie Martin Francis

Street Address (P.O. Box Number is Not Acceptable)

809 La Salle Street

Jacksonville, FL 32207

City

FL

Zip Code
32207

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

Annie M. Francis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MARTIN, ANNIE L.
847 LA SALLE ST.
JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

+ Change of name and address of
same officer
D
FRANCIS, ANNIE (MARTIN)
809 LA SALLE ST.
JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Annie M. Francis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

DATE

904.396.0295

Daytime Phone #

CR2E034B (12/01)