

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90090 039 \*\*\*150.00

**DOCUMENT # P01000020862**

**1. Entity Name**  
**S & N STAMPS, INC.**

**Principal Place of Business**  
**4100 NORTH A1A, SUITE 335**  
**FT PIERCE FL 34949**

**Mailing Address**  
**4100 NORTH A1A, SUITE 335**  
**FT PIERCE FL 34949**

**2. Principal Place of Business**

**1157 South US Hwy 1**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**1157 South US Hwy 1**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
**Ft. Pierce, FL**

**Zip**  
**34950**

**Country**  
**USA**

**City & State**  
**Ft. Pierce, FL**

**Zip**  
**34950**

**Country**  
**USA**

**4. FEL Number**  
**65-1080952**

**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

**Name** **SHARON WARRELL**  
**Street Address (P.O. Box Number is Not acceptable)** **4100 North A1A, # 335**  
**City** **Ft. Pierce** **FL** **Zip** **34949**

**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** *Sharon Warrell* **SHARON WARRELL** **OWNER** **3/6/02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WARRELL, SHARON L</b>	
<b>STREET ADDRESS</b>	<b>4100 NORTH A1A, SUITE 335</b>	
<b>CITY-ST-ZIP</b>	<b>FT PIERCE FL 34949</b>	
<b>TITLE</b>	<b>VSD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WARRELL, NORMAN D</b>	
<b>STREET ADDRESS</b>	<b>4100 NORTH A1A, SUITE 335</b>	
<b>CITY-ST-ZIP</b>	<b>FT PIERCE FL 34949</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *Sharon L. Warrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/02**

**772-468-9796**

Date

Daytime Phone #

CR2E034 (9/01)