

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90126 021 ***150.00

DOCUMENT # P01000030259



1. Entity Name
JOHN T. STOFKO ASSOCIATES, INC.

Principal Place of Business
**8144 COLLINGWOOD CT.
UNIVERSITY PARK FL 34201**

Mailing Address
**8144 COLLINGWOOD CT.
UNIVERSITY PARK FL 34201**



2. Principal Place of Business
8144 Collingwood Court
Suite, Apt. #, etc.

3. Mailing Address
8144 Collingwood Court
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
University Park, FL
Zip
34201
Country
USA

City & State
University Park, FL
Zip
34201
Country
USA

4. FEI Number **65-1089268**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNHAM, JOHN R III
ONE SARASOTA TOWER
2 N. TAMiami TRAIL, STE. 500
SARASOTA FL 34236**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STOFKO, JOHN T**
STREET ADDRESS **8144 CONNLINGWOOD CT.**
CITY-ST-ZIP **UNIVERSITY PARK FL 34201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPS** ☐ Delete
NAME **STOFMO, CAROLE G**
STREET ADDRESS **8144 COLLINGWOOD CT**
CITY-ST-ZIP **UNIVERSITY PARK FL 34201**

TITLE **VPS** ☒ Change ☐ Addition
NAME **STOFKO, CAROLE G**
STREET ADDRESS **8144 COLLINGWOOD COURT**
CITY-ST-ZIP **UNIVERSITY PARK, FL 34201**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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: **Signature Required**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 (941) 359-3924
Date Daytime Phone #

CR2E034 (10/02)