

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90030 023 \*\*\*150.00

902578



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P01000030840</b> 1. Entity Name <b>STOPHER INVESTMENTS, INC.</b>																							
Principal Place of Business <b>5311 HIDDEN HARBOR ROAD</b> <b>SARASOTA FL 34242</b>		Mailing Address <b>5311 HIDDEN HARBOR ROAD</b> <b>SARASOTA FL 34242</b>																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country																				
6. Name and Address of Current Registered Agent  <b>STOPHER, CHAMP S JR</b> <b>5311 HIDDEN HARBOR ROAD</b> <b>SARASOTA FL 34242</b>		7. Name and Address of New Registered Agent Name <b>CHAMP S. STOPHER</b> Street Address (P.O. Box Number is Not Acceptable) <b>5311 HIDDEN HARBOR RD.</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34242</b>																					
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 _____ (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. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																					
11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:70%; padding: 2px;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Delete         </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:70%; padding: 2px;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border-bottom: 1px solid black; height: 1.2em;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

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

1-7-02 941-346-3736  
 Date Daytime Phone #

CR2E034 (9/01)