## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 24, 2002 8:00 am Secretary of State **DOCUMENT #** P01000038572 1. Entity Name 05-24-2002 91288 035 \*\*\*150.00 THE STORK STOP, INC. Principal Place of Business Mailing Address 808 SOUTH FEDERAL HWY. 808 SOUTH FEDERAL HWY. $\sim$ $\sim$ $\sim$ 0 U U STUART, FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address 2762SWMathesonAue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4, FEI Number 65-109 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 🦠 EDGE. JOSEPH C/O THE TAX SHOPPE 932 SW BAYSHORE BLVD. PT. ST. LUCIE FL 34983 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) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Starey Jo Roddin | Delete a 762 Swimatheson Ave B. 111 Unit DI TITLE PRES TITLE PROS Stacey Jo Roddin 2760 SW matheson Ave Bill Unit DI NAME 12 23 STREET ADDRESS STREET ADDRESS Palm City PL 34990 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete -----TITLE -- Change - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 9mpowered)

Daytime Phone #