

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90128 036 ***150.00

978615



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000066238

1. Entity Name

STILETTO GULF & BEACH INCORPORATED

Principal Place of Business

**1850 S. LEE ST.
 BUFORD GA 30518**

Mailing Address

**1850 S. LEE ST.
 BUFORD GA 30518**

2. Principal Place of Business

101 MAGNOLIA GROVE

Suite, Apt. #, etc.

3. Mailing Address

101 MAGNOLIA GROVE

Suite, Apt. #, etc.

City & State

ALPHARETTA GA

City & State

ALPHARETTA GA

4. FEI Number

58-2638941

Applied For

Not Applicable

Zip

30022

Country

USA

Zip

30022

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SISSON, LARRY

218 SOUTHERN COUNTRY LN.

QUINCY FL 32351

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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: **DP** ☐ Delete
 NAME: **GRUCA, JOHN M**
 STREET ADDRESS: **1850 S. LEE ST.**
 CITY-ST-ZIP: **BUFORD GA 30518**

TITLE: **DST** ☐ Delete
 NAME: **GRUCA, CYNTHIA M**
 STREET ADDRESS: **1850 S. LEE ST.**
 CITY-ST-ZIP: **BUFORD GA 30518**

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
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 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: **101 MAGNOLIA GROVE**
 CITY-ST-ZIP: **ALPHARETTA GA 30022**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: **101 MAGNOLIA GROVE**
 CITY-ST-ZIP: **ALPHARETTA GA 30022**

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

CR2E034 (4/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-6-2002 770-331-6847

Sept 6, 2002

Attachment

STILETTO GOLF & BEACH INC
101 MAGNOLIA GROVE
ALPHARETTA GA 30022

978615

Reference Doc* PO1000066238

I just received this document 9-3-2002. Our address change became effective March 1, 2002.

Please review my case. I have enclosed the 150.⁰⁰ fee and ask that you recind the penalty.

Thank you for your consideration.

Sincerely

John M. Shuca
PRESIDENT

Phone 770 331-6847
770 619-3037