

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

51457 FP

**DOCUMENT # P01000071201**  
 1. Entity Name  
**STEGARCIA US, INC.**



**FILED**

04 MAR 23 PM 5:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**2316 BLACK HAMMOCK F.C. ROAD  
 OVIEDO FL 32765**

Mailing Address  
**2316 BLACK HAMMOCK F.C. ROAD  
 OVIEDO FL 32765**



2. Principal Place of Business  
 Suite, Apt. #, etc.:  
 City & State:  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.:  
 City & State:  
 Zip Country

**REINSTATEMENT**  
 CHECK HERE IF MAKING CHANGES

1304

4. FEL Number **59-3738210** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARTIN, JOEL  
 2274 BLACK HAMMOCK ROAD  
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent  
 Name **Oliver Ruvell**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2316 Black Hammock FC Rd**  
 City **Oviedo** FL Zip Code **32765**

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 DATE **9/1/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MARTIN, JOEL</b>	
STREET ADDRESS <b>2274 BLACK HAMMOCK ROAD</b>	
CITY-ST-ZIP <b>OVIEDO FL 32765</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME <b>RUVELL, OLIVER</b>	
STREET ADDRESS <b>904 FAIRWAY DR</b>	
CITY-ST-ZIP <b>WINTER PARK FL 32792</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MARTIN, ERIC</b>	
STREET ADDRESS <b>2270 BLACK HAMMOCK ROAD</b>	
CITY-ST-ZIP <b>OVIEDO FL 32765</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Oliver Ruvell</b>	
STREET ADDRESS <b>2975 Grandeville Cir Apt 305</b>	
CITY-ST-ZIP <b>Oviedo FL 32765</b>	
TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Annie Ruvell</b>	
STREET ADDRESS <b>904 Fairway Dr</b>	
CITY-ST-ZIP <b>Winter Park FL 32792</b>	
TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Roger P. ...</b>	
STREET ADDRESS <b>904 Fairway Dr</b>	
CITY-ST-ZIP <b>Winter Park FL 32792</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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** DATE **9/1/03** DAYTIME PHONE # **407-365-2201**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)