

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90238 023 ***150.00

DOCUMENT # P01000077009

1. Entity Name
STIFEL TRANSPORTATION, INC.



Principal Place of Business
**110 AVE. F
KEY WEST FL 33040**

Mailing Address
**110 AVE. F
KEY WEST FL 33040**

20007778



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2502 N. Roosevelt Blvd.
Suite, Apt. #, etc.

3. Mailing Address
110 Avenue F
Suite, Apt. #, etc.

City & State
Key West, FL
Zip
33040

Country
USA

City & State
Key West, Florida
Zip
33040

Country
USA

4. FEI Number **65-1129088**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLEY, ALBERT
926 TRUMAN AVE.
KEY WEST FL 33040**

7. Name and Address of New Registered Agent
Name **Karen M Stifel**
Street Address (P.O. Box Number is Not Acceptable)
110 Avenue F

City **Key West** **FL** Zip Code **33040**

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 **Karen M Stifel**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/8/02**

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

TITLE **P** ☐ Delete
NAME **STIFEL, QUENTIN**
STREET ADDRESS **110 AVE. F**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **ST** ☐ Delete
NAME **STIFEL, KAREN**
STREET ADDRESS **110 AVE. F**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **Karen M Stifel** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

305-206-4800

Daytime Phone #

CR2E034 (10/02)