

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90110 033 ***550.00

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DOCUMENT # P01000082345

1. Entity Name
STOCKCOM INTERNATIONAL, INC.



Principal Place of Business
**3630 WIMBLEDON DRIVE
PENSACOLA FL 32504**

Mailing Address
**3630 WIMBLEDON DRIVE
PENSACOLA FL 32504**



2. Principal Place of Business

3. Mailing Address

6393 Starhill Dr
Suite, Apt. #, etc.

6393 Starhill Dr
Suite, Apt. #, etc.

☐ CHECK-HERE-IF MAKING-CHANGES

City & State

Milton FL

City & State

Milton FL

4. FEI Number

58-2458450

Applied For

☒ Not Applicable

Zip

Country

US

Zip

32510

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENSEN, GREGORY F
3630 WIMBLEDON DRIVE
PENSACOLA FL 32504**

Name

Street Address (P.O. Box Number is Not Acceptable)

6393 Starhill Drive

City **Milton**

FL

Zip Code **32510**

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

8/27/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP JENSEN, KATHRYN K 3630 WIMBLEDON DRIVE PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, KATHRYN K 3630 WIMBLEDON DRIVE PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JENSEN, GREGORY F 3630 WIMBLEDON DRIVE PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6393 Starhill Dr Milton, FL 32510	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6393 Starhill Dr Milton, FL 32510	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

8/29/03

(723-6627)

723 6627

CR2E034 (10/02)