

05-28-2002 90711 049 \*\*\*150.00

1. Entity Name  
**STUMBLE IN, INC.**

Principal Place of Business  
600 N. 71 TERRACE  
HOLLYWOOD FL 33024

Mailing Address  
600 N. 71 TERRACE  
HOLLYWOOD FL 33024

2. Principal Place of Business  
6208 Johnson ST

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Hollywood, FL.

City &amp; State

4 FEI Number  
65-115357

Applied For
Not Applicable

Zip: 33024 Country: Broward

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

6. Name and Address of Current Registered Agent

ELLIS, KRISTI MARIE  
600 N. 71 TERRACE  
HOLLYWOOD FL 33024

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.

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) ☐

~~NOTICE FEE IS \$150.00~~

10. Election Campaign Financing Trust Fund Contribution. ☒ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

[illegible]

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 attached business address, with an other like empowered.

**SIGNATURE:**

\_\_\_\_\_  
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER PER REQ

Date \_\_\_\_\_

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CR2E034 (9/01)