

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90093 021 ***150.00

0009134 AV

DOCUMENT # P02000024886

1. Entity Name
B BRIAN STOLL, INC.



Principal Place of Business
**20 VALLEYWOOD DR.
DEBARY FL 32713**

Mailing Address
**20 VALLEYWOOD DR.
DEBARY FL 32713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-062 3555

Applied For

Not Applicable

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

**STOLL, BRIAN B
20 VALLEYWOOD DR.
DEBARY FL 32713**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
STOLL, BRIAN B
20 VALLEYWOOD DR.
DEBARY FL 32713**

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

90146823
PO2000024586

July 22, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2003 Uniform Business Report Filings

To Whom It May Concern:

Please be advised that I never received any information from the State of Florida with respect to filing an annual report.

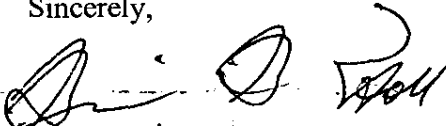
I was not aware of needing to file a report prior to May 31, 2003.

In June or early July, I received notice with the form. I am enclosing a check for the renewal fee of \$150.00. I am asking your office to waive the additional fee as I was unaware of the requirement and did not receive the proper notification to know a renewal fee was due.

Thank you in advance for your consideration and help in this matter.

If you have any questions, please feel free to call me at 407-687-6340.

Sincerely,



Brian B. Stoll
President
B Brian Stoll, Inc.