

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90227 009 \*\*\*150.00

DOCUMENT # **P 02000043723**  
1. Entity Name **STINGERS of OAKLAND PK**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3320 NE 33rd ST**

3. Mailing Address  
**1201 S OLEAN BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**FT LAUDERDALE FL**

City & State  
**Pompano Bch FL**

4. FEI Number  
**30-0067895**

Applied For  
Not Applicable

Zip  
**33308**

Country  
**USA**

Zip  
**33062**

Country  
**USA**

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DAVID R. BEE  
1201 S OLEAN BLVD  
Pompano Bch FL 33062**

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowerment.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment 80120142  
P02000043723 5/13/03

To Dept of Corporation -

My Address had changed  
this year, so I didn't receive my  
UBR Form. I had called  
to have one sent in March, &  
never received it. Just got one now -

Please make address change

for me - Thank you

Dave Bee  
President

\* STINGERS of OAKLAND AK

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Pompano Bch, FL

33062

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