


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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90223 031 ***150.00

DOCUMENT # P02000061649
1. Entity Name
Stage Coach Crossing Plantation, INC. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
716 Bunker View DR
Suite, Apt. #, etc.

3. Mailing Address
716 Bunker View DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Apollo Beach, FL

City & State
Apollo Beach, FL

Zip
33572

Country
USA

4. FEI Number Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Donald SILVEY

Street Address (P.O. Box Number is Not Acceptable)
716 Bunker View DR

City APOLLO Beach FL Zip Code 33372

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  Donald E. SILVEY DATE 2-7-03

Signature, typed or printed name of registered agent and title (None Applicable) (NOTE: Registered Agent signature required when reinstating)

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	TITLE NAME STREET ADDRESS CITY-ST-ZIP
P Donald Silvey 716 Bunker View DR Apollo Beach, FL 33572	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
U/S/T Lewis W TART 716 Bunker View DR Apollo Beach, FL 33572	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 empowered.

SIGNATURE: Donald E. SILVEY  DATE 2-7-03 Daytime Phone # 813-624-3066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)