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

DOCUMENT # PO2000113673 1. Entity Name

SIGNATURE:

STOFFBERG ENTERPRISES, INC



## May 05, 2003 8:00 am Secretary of State 05-05-2003 91771 006 \*\*\*158.75

CR2E034B (12/02)

90128795

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2. Principal Place of Business 16318 E-PREAKNESS DR			3. Mailing Addre	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, e	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State LOXAHATCHEE 9 FL			City & State			4. FE	Number 54-2082554		Applied For Not Applicable	
<sup>Zip</sup> 334	FJ0	Country U - S- A	Zip	Count	ry	<b>5</b> . Ce	5. Certificate of Status Desired \$8.75 Additional Fee Required			
					Nome		7. Name and Address of Current Registered Agent			
DO_NOT_W			/RITE	RITE Street Address (			M STOFFBERG P.O. Box Number is Not Acceptable)			
	A CONTRACTOR OF THE PARTY OF TH						E - PREAKNESS AR			
	IN	THIS SI	PAUE							
	geren bet geren en Australië van State Australië van Australië						HATCHEE FL Zip Code 33470			
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 55-66000 04/16/03										
Signature, typed or printed name of registed degent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  January 1 - May 1 Fee Is \$150.00										
1994 Web 199	After May 1, I Amended U	fee is \$550.00	of State				Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
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NAME				NAME		Street Services	CONTRACTOR STATE	ting		
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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.										