

# 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P02000131751**

1. Entity Name

**STORCK SERVICES, INC.**

FILED

03 JAN 28 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

800011129218

01/28/03--01040--028 \*\*150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1735 BRANTLEY RD., #1604 1735 BRANTLEY RD., #1604**  
**FT. MYERS FL 33907 FT. MYERS FL 33907**

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 Applied For  
**30-0135358** Not Applicable

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

## 6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION**  
**3929 N. FEDERAL HWY.**  
**POMPANO BEACH, FL 33064**

## 7. Name and Address of New 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.

SIGNATURE \_\_\_\_\_ (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) ☐

**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTOS, BEATRIZ V		NAME		
STREET ADDRESS	1735 BRANTLEY RD., #1604		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33907		CITY-ST-ZIP		
TITLE	PSD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERIO, HEITOR A		NAME		
STREET ADDRESS	4017 SE 1 CT.		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANDRE L. ARAUJO** 01/23/03 (239) 277-9642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #