

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90014 004 \*\*\*150.00

**DOCUMENT # P02822**

1. Entity Name

**DAN STEDEM FORD, INC.**

Principal Place of Business

BRIDAL PATH  
 PARK NY 14127

Mailing Address

56 BRIDAL PATH  
 ORCHARD PARK NY 33462-6630

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**16-0833885**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

STEDM, DANIEL E.  
 169 ATLANTIS BOULEVARD  
 APT. 104  
 ATLANTIS FL 33462

7. Name and Address of New Registered Agent

Name **STEDM DANIEL E.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**221 PALM CIRCLE**  
 City **ATLANTIS** FL Zip Code **33462**

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

Signature, typed or printed name of registered agent and title if applicable

(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, 2000 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

TITLE	V	<input type="checkbox"/> Delete
NAME	STEDM, DANIEL E., JR.	
STREET ADDRESS	2876 CHATSWORTH LN	
CITY-ST-ZIP	LAKELAND FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEDM, PHILLIS A.	
STREET ADDRESS	169 ATLANTIS BLVD APT 104	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	STEDM, TIMOTHY W.	
STREET ADDRESS	3507 HILLGROVE	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEDM PHILLIS A.	
STREET ADDRESS	221 PALM CIRCLE	
CITY-ST-ZIP	ATLANTIS FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis A. Stedem 10 Jan 2000 561 965 3416

Date

Daytime Phone #

166(6) 7-1-99