

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90007 015 ***150.00

0137312 AB

DOCUMENT # P02822

1. Entity Name
DAN STEDEM FORD, INC.

Principal Place of Business

**56 BRIDAL PATH
 ORCHARD PARK NY 14127**

Mailing Address

**56 BRIDAL PATH
 ORCHARD PARK NY 14127**

2. Principal Place of Business

5373 TRANSIT ROAD

Suite, Apt. #, etc.

P.O. BOX 1421

City & State

BUFFALO N.Y.

Zip

14231

Country

U.S.A.

3. Mailing Address

5373 TRANSIT ROAD

Suite, Apt. #, etc.

P.O. BOX 1421

City & State

BUFFALO N.Y.

Zip

14231

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

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

STEDEM, DANIEL E.

221 PALM CIRCLE

~~ADDRESS~~

ATLANTIS FL 33462

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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** ☐ Delete
 NAME **STEDEM, DANIEL E., JR.**
 STREET ADDRESS **2876 CHATSWORTH LN**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **P** ☐ Delete
 NAME **STEDEM, PHILLIS A.**
 STREET ADDRESS **221 PALM CIRCLE**
 CITY-ST-ZIP **ATLANTIS FL**

TITLE **TS** ☐ Delete
 NAME **STEDEM, TIMOTHY W.**
 STREET ADDRESS **3507 HILLGROVE**
 CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

Phyllis A. Stedem

24 July 2001

Date

Daytime Phone #

CR2E034 (5/01)

Enclosures

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment
6060937

DOCUMENT # P02822 1. Entity Name DAN STEDEM FORD, INC.					
Principal Place of Business 56 BRIDAL PATH ORCHARD PARK NY 14127			Mailing Address 56 BRIDAL PATH ORCHARD PARK NY 33462-6630		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 16-0833885	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEDEM, DANIEL E. 169 ATLANTIS BOULEVARD APT. 104 ATLANTIS FL 33462			7. Name and Address of New Registered Agent Name STEDEM 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 _____ (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. <input type="checkbox"/>			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee!		
FILE NOW! FEE IS \$160.00. After MAY 1, 2000 Fee will be \$650.00. Make Check Payable to Department of State.					
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEDEM, DANIEL E., JR. 2876 CHATSWORTH LN LAKELAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEDEM, PHILLIS A. 169 ATLANTIS BLVD APT 104 ATLANTIS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STEDEM, TIMOTHY W. 3507 HILLGROVE VALRICO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Phyllis A. Stedem</u> Phyllis A. Stedem 10 Jan 2000 561 965 3-					