

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30425

1. Entity Name

STALCON, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90013 043 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 1415
BATON ROUGE LA 70821-1415

P.O. BOX 1415
BATON ROUGE LA 70821-1415

2. Principal Place of Business

3. Mailing Address

1048 FLORIDA BLVD.

1048 FLORIDA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BATON ROUGE LA

City & State

BATON ROUGE LA

4. FEI Number

72-1170042

Applied For

Not Applicable

Zip

Country

70802

Zip

Country

70802

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BISSETT, LLOYD

% CF INC.

10609 HWY. 39 NORTH, COUNTY LINE ROAD
PLANT CITY FL 33564

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME KNOT, HOMER
STREET ADDRESS RT. 1 BOX 215
CITY-ST-ZIP CLINTON LA

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

TITLE P ☐ Delete
NAME FIFE, JOHN H.
STREET ADDRESS 1860 OLD PLANTATION LANE
CITY-ST-ZIP BATON ROUGE LA 70806

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

TITLE S ☐ Delete
NAME SMITH, EVELYN N.
STREET ADDRESS 1048 FLORIDA BLVD.
CITY-ST-ZIP BATON ROUGE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2000 225-383-0132
Date Daytime Phone #