

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002662

1. Entity Name

STOUT ENTERPRISES, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90132 031 \*\*\*150.00

Principal Place of Business

Mailing Address

1225 FRAN-MAR COURT  
CLERMONT FL 34711

1225 FRAN-MAR COURT  
CLERMONT FL 34711-2040

2. Principal Place of Business

520 E. Hwy 50  
Suite, Apt. #, etc.

3. Mailing Address

520 E. Hwy 50  
Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont

4. FEI Number

59-3158272

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

FL

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STOUT, JOHN W  
1225 FRAN-MAR COURT  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name: Rick Schiabile  
Street Address (P.O. Box Number is Not Acceptable):  
520 E. Hwy 50  
City: Clermont FL Zip Code: 34711

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

Linda J. Stout

3-13-00

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	D	<input checked="" type="checkbox"/> Delete
NAME	STOUT, JOHN W	
STREET ADDRESS	1225 FRAN-MAR COURT	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOUT, LINDA J	
STREET ADDRESS	1225 FRAN-MAR COURT	
CITY-ST-ZIP	CLERMONT FL 34711	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rick Schiabile	
STREET ADDRESS	520 E. Hwy 50	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra Schiabile	
STREET ADDRESS	520 E. Hwy 50	
CITY-ST-ZIP	Clermont, FL 34711	
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

Linda J. Stout

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

394-2412

242-9222

Daytime Phone #

CR2E034 (9/99)