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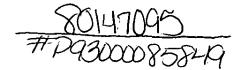
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## Sep 11, 2003 8:00 am Secretary of State P93000085849 DOCUMENT # 09-11-2003 90092 006 \*\*\*150.00 1. Entity Name STEFLOR, INC. Principal Place of Business Mailing Address 4548 N. FEDERAL HWY. PO BOX 871 FALL RIVER MA 02722 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3219056 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BISHINS, LARRY V** Street Address (P.O. Box Number is Not Acceptable) 4548 N. FEDERAL HWY. FT. LAUDERDALE FL 33308 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DPVS** TITLE ☐ Delete TITLE ☐ Change Addition CAPUANO, EDWARD NAME NAME 116 N. VILLAGE WAY STREET ADDRESS STREET ADDRESS JUPITER FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachmer

**SIGNATURE** 

attachment



## STEFLOR, INC. P. O. BOX 871 FALL RIVER, MA 02722

August 26, 2003

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

## RE: Steflor, Inc. Document # P93000085849

Dear Sir or Madam:

Enclosed is a check in the amount of \$150 for the attached 2003 For Profit Corporation Uniform Business Report (UBR).

We respectfully request that the late fee be waived because the corporation never received the prior notice.

Thank you for your attention to this matter.

Sincerely,

STEFLOR, INC.

Edward J. Capuano