

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-11-2000 90002 012 ***150.00

DOCUMENT # P93000086400
 1. Entity Name
 STEFCO INDUSTRIES, INC.

Principal Place of Business Mailing Address
 780 CENTRAL FLORIDA PARKWAY 780 CENTRAL FLORIDA PARKWAY
 ORLANDO, FL 32824 ORLANDO, FL 32824

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 59-3218621 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MARC ALLEGRE
 Cellume Corp
 780 CENTRAL FLORIDA PKWY
 ORLANDO, FL 32824

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 _____ (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 PRESIDENT	NAME PATRICE MINGUEZ <input type="checkbox"/> Delete
STREET ADDRESS 780 CENTRAL FLORIDA PKWY	CITY-ST-ZIP ORLANDO, FL 32824
TITLE VICE-PRESIDENT	NAME MARC ALLEGRE <input type="checkbox"/> Delete
STREET ADDRESS 780 CENTRAL FLORIDA PKWY	CITY-ST-ZIP ORLANDO, FL 32824
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date: 4/17/00 (407) 8564332
 Daytime Phone #

CR2E034 (9/99)