


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

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90121 001 \*\*\*750.00

**DOCUMENT # P93000086400**

1. Entity Name  
**STEFCO INDUSTRIES, INC.**



Principal Place of Business  
**780 CENTRAL FLORIDA PKWY  
ORLANDO FL 32824  
US**

Mailing Address  
**780 CENTRAL FLORIDA PKWY  
ORLANDO FL 32824  
US**

2. Principal Place of Business  
**1006 MARLEY DRIVE**

3. Mailing Address  
**1006 MARLEY DRIVE**

Suite, Apt. #, etc.  
**\$**

City & State  
**HAINES CITY FL**

City & State  
**HAINES CITY FL**

Zip  
**33844** Country  
**USA**

Zip  
**33844** Country  
**USA**

4. FEI Number  
**59-3218621**

Applied For  
 Not Applicable

5. Certificate of Status Desired  
 **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALLEGRE, MARC  
780 CENTRAL FLORIDA PKWY  
ORLANDO FL 32824**

**1006 MARLEY DR  
HAINES CITY, FL  
33844**

7. Name and Address of New Registered Agent

Name

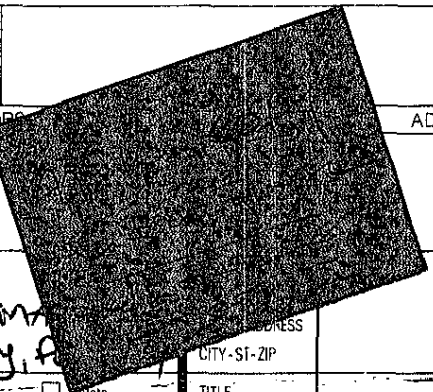
Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003, Fee will be \$350.00  
Make Check Payable to Florida Department of State



9. Election Campaign Financing Trust Fund Contribution.  
 **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ALLEGRE, MARC 3128 DOWNS COVE ROAD WINDERMERE FL 34786</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MINGUEZ, PATRICE 780 CENTRAL FLORIDA PKWY ORLANDO FL 32824</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE RECOVERED** DATE: **4/11/03** DAYTIME PHONE #: **(888)5471095**