

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063543

1. Entity Name

STANSELL REALTY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90082 021 ***150.00

Principal Place of Business

Mailing Address

712 LITCHFIELD LANE
FL 34698

P.O. BOX 7967
CLEARWATER FL 33758-7967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3277162

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STANSELL, MAXIE F
712 LITCHFIELD LANE
DUNEDIN FL 34698

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 D ☐ Delete
NAME STANSELL, MAXIE F
STREET ADDRESS P.O. BOX 7967 N/A
CITY-ST-ZIP CLEARWATER FL 34618

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

TITLE D ☐ Delete
NAME STANSELL, JAMES C
STREET ADDRESS P.O. BOX 7967 N/A
CITY-ST-ZIP CLEARWATER FL 34618

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

TITLE V ☐ Delete
NAME Jamie Stansell
STREET ADDRESS 54398 Amber Dr.
CITY-ST-ZIP Macomb, MI 48042

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

TITLE V ☐ Delete
NAME Robin S. Bell
STREET ADDRESS 1357 Woodcrest Ave.
CITY-ST-ZIP Clearwater FL 33756

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

TITLE V ☐ Delete
NAME Tammy S. Parker
STREET ADDRESS 652 Dexter Dr.
CITY-ST-ZIP Dunedin, FL 34698

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

TITLE V ☐ Delete
NAME Peter M. Stansell
STREET ADDRESS 542 1/2 Lexington St.
CITY-ST-ZIP Dunedin, FL 34698

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:

Maxie F. Stansell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAXIE F. STANSELL

4-14-2000 (727) 734-3044
Date Daytime Phone #

CR2E034 (9/99)