

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90072 031 \*\*\*150.00

**DOCUMENT # P94000063543**

1. Entity Name  
**STANSELL REALTY, INC.**

Principal Place of Business

**712 LITCHFIELD LANE  
DUNEDIN FL 34698**

Mailing Address

**P.O. BOX 7967  
CLEARWATER FL ~~34618~~  
33758**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3277-162**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STANSELL, MAXIE F</b>	
STREET ADDRESS	<b>P.O. BOX 7967</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33758</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STANSELL, JAMES C</b>	
STREET ADDRESS	<b>P.O. BOX 7967</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33758</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>STANSELL, JAMIE</b>	
STREET ADDRESS	<b>54398 AMBER DR</b>	
CITY-ST-ZIP	<b>MACOMB MI 48042</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BELL, ROBIN S</b>	
STREET ADDRESS	<b>1357 WOODCREST AVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, TAMMY S</b>	
STREET ADDRESS	<b>652 DEXTER DR</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>STANSELL, PETER M</b>	
STREET ADDRESS	<b>542 1/2 LEXINGTON ST</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	

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

4-11-02

Date

727-734-3044

Daytime Phone #

CR2E034 (9/01)