

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063609

1. Entity Name

EARLE ENTERPRISES OF SOUTH CAROLINA, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90015 029 ***150.00

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

Zip

Country

Zip

Country

4. FEI Number **59-3277161**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANSELL, MAXIE F
712 LITCHFIELD LANE
DUNEDIN FL 34698

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	STANSELL, MAXIE F	
STREET ADDRESS	P.O. BOX 7967 N/A	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANSELL, JAMES C	
STREET ADDRESS	P.O. BOX 7967 N/A	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STANSELL, JAMIE	
STREET ADDRESS	54398 AMBER DRIVE	
CITY-ST-ZIP	MACOMB MI 48042	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELL, ROBIN S	
STREET ADDRESS	1357 WOODCREST AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARKER, TAMMY S	
STREET ADDRESS	652 DEXTER DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	V	<input type="checkbox"/> Delete
NAME	STANSELL, PETER M	
STREET ADDRESS	492 1/2 LEXINGTON STREET	
CITY-ST-ZIP	DUNEDIN FL 34698	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANSELL, MAXIE F.	
STREET ADDRESS	P.O. Box 7967	
CITY-ST-ZIP	CLEARWATER, FL 33758	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANSELL, JAMES C.	
STREET ADDRESS	P.O. Box 7967	
CITY-ST-ZIP	CLEARWATER, FL 33758	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANSELL, PETER M.	
STREET ADDRESS	542 1/2 LEXINGTON STREET	
CITY-ST-ZIP	DUNEDIN, FL 34698	

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

4-18-2001

Date

(727) 734-3044

Daytime Phone #

CR2E034 (10/00)