

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90139 007 ***150.00

DOCUMENT # P94000067013

1. Entity Name
JERRY STEMMLER, P.A.

Principal Place of Business Mailing Address
~~2701 S RIDGEWOOD AVE~~ ~~SUITE 100~~ ~~S DAYTONA FL 32119~~ **NEW**
~~2701 S RIDGEWOOD AVE~~ ~~SUITE 100~~ ~~S DAYTONA FL 32127-4341~~ **NEW**

2. Principal Place of Business 3. Mailing Address
640 DUNLAWTON AV. **640 Dunlawton Av.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
PORT ORANGE **PORT ORANGE FL.**

City & State City & State
FLA. **U.S.A.** **PORT ORANGE FL.** **U.S.A.**

4. FEI Number **59-3280030** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STEMMLER, GERALD A
5768 SWEETWATER
PORT ORANGE FL 32127

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 *Gerald A Stemmler* (NOTE: Registered Agent signature required when reinstating)
 DATE *Jan 19, 2000*

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 Delete
 NAME **D STEMMLER, GERALD A**
 STREET ADDRESS **5768 SWEETWATER**
 CITY-ST-ZIP **PORT ORANGE FL 32127**
 TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE Delete
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 TITLE Delete
 NAME
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 TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE Change Addition
 NAME
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 CITY-ST-ZIP
 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: *Gerald A Stemmler* *Jan 10, 2000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)