2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P94000067013  1. Entity Name JERRY STEMMLER, P.A.							FILED Jan 10, 2002 8:00 am Secretary of State 01-10-2002 90003 023 ***150.00						
Principal Place 640 DUNLAW PORT ORANG	TON AVE		Mailing Address Sta DUNLAWTON AVE SUITE TO C. PORT ORANGE FL-32127  3. Mailing Address 6 40 Dunlawton Av. Suite Topl. #, etc.				DO NOT WRITE IN THIS SPACE						
2. Principal Pl	lace of Business #, etc.												
City & State	9		City & State				El Number	59-328	0030		_	olied For	]
Zip Country			Zip Coun		blusia	<b>5</b> . C	Certificate o	f Status Desir		\$8.75	Addi		
	6. Name and	Address of Current R	32127 egistered Agent	V	0/05/2	7. N	ame and A	Address of N	ew Register	Fee Re ed Agent	quirec		
OTELAN I	ED CEDALO A				Name		\						
	er,"gerald a 'eetwater	•	•		Street Addres	s (P.O. B	ox Number	is Not Accep	table)				
	RANGE FL 321	27						$\times$					
					City		$-\!\!\!/-$		<u> </u>	Zip	Code		ł
<del>, f</del>									<b>.</b>	<b>L</b>			ł
	named entity su	omits this statement for	the purpose of changing it	s registere	ed office or regis	tered age	ent, or both	, in the State	of Florida.				
·• SIGNATURE _				-									
	Signature, typed or pri	nted name of registered agent an	d title if applicable. (NO	TE: Registered	Agent signature requ	ired when rei	instating)		DAT	LE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    Till E NOW After May 1, 2   Make Check Payer				002 Fee y			10. Election Campaign Financing \$5.00 May Be Added to Fees						
11.		OFFICERS AND D	RECTORS	12.		ADI	DITIONS/C	HANGES TO	OFFICERS A	AND DIREC	TORS		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEMMLER, 5768 SWEET PORT ORAN		☐ Delete		ı					☐ Ch	ange	Addition	CR2E034 (9/01)
TITLE	1 0111 0111		☐ Delete	TITLE						☐ Ch	ange	Addition	뜅
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP								
TITLE			☐ Delete	TITLE						☐ Ch	ange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				1	T ADDRESS ST-ZIP					<del></del>			-
TITLE NAME Street Address City-St-Zip			☐ Delete			,				☐ Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							□ Ch	ange	Addition	
TITLE NAME Street address City-St-Zip			☐ Delete							☐ Ch	ange	Addition	
indicated of the cor	on this report or poration or the re	supplemental report is t ceiver o <b>⊭</b> rustee empov	his filing does not qualify for rue and accurate and that vered to execute this report thall other like empowered	my signati t as requir	ure shall have th	ie same le	egal effect	as if made ur	der oath; tha	it I am an c irs in Block	fficer (	or director Block 12 if	