

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092148

1. Entity Name
STELLINGS REALTY, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90015 022 ***550.00

Principal Place of Business
2368 SARATOGA BAY DRIVE
WEST PALM BEACH FL 33409
US

Mailing Address
2368 SARATOGA BAY DRIVE
WEST PALM BEACH FL 33409
US

2. Principal Place of Business
23353 Water Circle
Suite, Apt. #, etc.

3. Mailing Address
23353 Water Circle
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL
Zip
33486
Country
PALM BEACH

City & State
BOCA RATON FL
Zip
33486
Country
PALM BEACH

4. FEI Number 59-3291106
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STELLINGS, KERRY A
2368 SARATOGA BAY DRIVE
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name
Stellings LEON A
Street Address (P.O. Box Number is Not Acceptable)
23353 Water Circle
City
BOCA RATON FL Zip Code
33486-8541

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, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

8/04/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D STELLINGS, KERRY A 2368 SARATOGA BAY DRIVE WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELLINGS, KERRY A 2368 SARATOGA BAY DRIVE WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEON STELLINGS 23353 Water Circle Boca Raton FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 line empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/04/2000 (561) 640-9114
Date Daytime Phone #

CR2E034 (5/00)