

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P94000092188****1. Entity Name****S.T.S. ENTERPRISES OF STUART, INC.****Principal Place of Business**

1459 SW SEAHAWK WAY

PALM CITY  
34990

FL

**Mailing Address**

1459 SW SEAHAWK WAY

PALM CITY  
34990

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0548310**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**SKINNER GARY  
1459 SW SEAHAWK WAYPALM CITY  
34990

FL

**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)

**04/24/2000**

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, 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	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	<input type="checkbox"/> Delete
		SKINNER GARY D	1459 SW SEA HAWK WAY			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	<input type="checkbox"/> Delete

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		SKINNER GARY DP	1459 SW SEA HAWK WAY				

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	<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 like empowered.****SIGNATURE:** Gary D Skinner

B 04/24/2000