

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039898

1. Entity Name

STEEN & PAT STONER, INC.

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90018 017 ***150.00

Principal Place of Business

224 NE 3RD ST.
BOYNTON BEACH FL 33435

Mailing Address

STEEN AND PAT STONER, INC
PO BOX 1446
BOYNTON BEACH FL 33425-1446
US

2. Principal Place of Business

206 SW 11 AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boynton Beach FL 3

City & State

4. FEI Number 65-0592511

Applied For

Not Applicable

Zip

33435

Country

PB

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONER, PATRICIA L
224 NE 3RD ST.
BOYNTON BEACH FL 33435

Name

Street Address (P.O. Box Number is Not Acceptable)

206 SW 11 AVE.

City Boynton Beach

FL

Zip Code

33435

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

Patricia L Stoner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME STONER, STEEN S
STREET ADDRESS 206 SOUTHWEST 11TH AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STONER, PATRICIA L
STREET ADDRESS 206 SOUTHWEST 11TH AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-9-01

Daytime Phone #

561 732 5092

CR2E034 (10/00)