

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091417

1. Entity Name

STAFFORD MANAGEMENT, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90305 021 ***150.00

Principal Place of Business

Mailing Address

1016 LINGO CIRCLE
WILLA-OAKS
OVIEDO FL 32765
US

1016 LINGO CIRCLE
WILLA-OAKS
OVIEDO FL 32765
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3353521

Applied For

Not Applicable

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

DALE, THOMAS H P.A.
200 THORTON AVE.
ORLANDO FL 32802

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)

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, 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 PT
NAME BERGNER, JOHN F JR.
STREET ADDRESS 1016 LINGO CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME BERGNER, JOHN F JR.
STREET ADDRESS 1016 LINGO CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

TITLE VP
NAME BATEMAN, JERRY
STREET ADDRESS 2116 TURNBERRY DRIVE
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC
NAME WARD, PATRICIA
STREET ADDRESS 9001 NOTCHWOOD COURT
CITY-ST-ZIP ORLANDO FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BERGNER, ERLA
STREET ADDRESS 1016 LINGO CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SHANNON, ELIZABETH
STREET ADDRESS 925 WINDWALK COURT
CITY-ST-ZIP ROSWELL GA 30076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME TAYLOR, DEBORAH
STREET ADDRESS 11424 SYMPHONY WOOD LANE
CITY-ST-ZIP SILVER SPRING MD 20901

TITLE
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

Daytime Phone #

CR2E034 (10/00)

0051893