

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093276

1. Entity Name
KEITH STEFAN, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90142 019 ***150.00

Principal Place of Business

1754 EDGEWOOD AVE S
JACKSONVILLE FL 32205
US

Mailing Address

1754 EDGEWOOD AVE S
JACKSONVILLE FL 32205
US

2. Principal Place of Business

1754 EDGEWOOD AVE. S.

3. Mailing Address

1754 EDGEWOOD AVE. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32205

Country

DUVAL

Zip

32205

Country

DUVAL

6. Name and Address of Current Registered Agent

STEFAN, KEITH
1754 EDGEWOOD AVE S
JACKSONVILLE FL 32205

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)

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

TITLE PD
NAME STEFAN, KEITH
STREET ADDRESS 1754 EDGEWOOD AVE S
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

Keith Stefan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

904 981 9942

Daytime Phone #

CR2E034 (10/00)

0012158