

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90151 019 \*\*\*150.00

0432495 AV

**DOCUMENT # P96000001799**

1. Entity Name

STEPHEN MARTIN ENTERPRISES, INC. ✓



Principal Place of Business

100 E. LINTON BLVD

#501-A

DELRAY BEACH FL 33483

Mailing Address

100 E. LINTON BLVD

#501-A

DELRAY BEACH FL 33483

2. Principal Place of Business

11787 BAYOU LANE

Suite, Apt. #, etc.

3. Mailing Address

11787 BAYOU LANE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33498

Country

U.S.

Zip

33498

Country

US

4. FEI Number

65-0633864

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KRAUSE, STEPHEN

100 E. LINTON BLVD

#501-A

DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

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

11787 BAYOU LANE

City

BOCA RATON

FL

Zip Code

33498

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME CDPT  
STREET ADDRESS KRAUSE, STEPHEN  
CITY-ST-ZIP 100 E LINTON BLVD, #501-A  
DELRAY BEACH FL 33483

TITLE ☐ Delete  
NAME S  
STREET ADDRESS KRAUSE, STEPHEN  
CITY-ST-ZIP 100 E LINTON BLVD, #501-A  
DELRAY BEACH FL 33483

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11787 BAYOU LANE  
CITY-ST-ZIP BOCA RATON, FL, 33498

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11787 BAYOU LANE  
CITY-ST-ZIP BOCA RATON, FL, 33498

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

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

KRAUSE, PRESIDENT

Date

Daytime Phone #

4/28/03

CR2E034 (10/02)