

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90019 039 ***150.00

DOCUMENT # P96000005224

1. Entity Name

STEFANI FINANCIAL SERVICES, INC.

Principal Place of Business

1900 E 2ND ST
SANFORD FL 32771
US

Mailing Address

1900 E 2ND ST
SANFORD FL 32771-1512
US

2. Principal Place of Business

8466 RIVER BRANCH PL

Suite, Apt. #, etc.

3. Mailing Address

8466 RIVER BRANCH PL

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

SANFORD FL

4. FEI Number

59-3351022

Applied For

Not Applicable

Zip

32771

Country

US

Zip

32771

Country

US

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

STEFANI, LYNDA PELHAM
1900 E. 2ND ST.
SANFORD FL 32771

Name

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

8466 RIVER BRANCH PL

City

SANFORD

FL

Zip Code

32771

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **STEFANI, STEVEN M**
STREET ADDRESS **1900 E 2ND ST**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☒ Change ☐ Addition
NAME **8466 RIVER BRANCH PL**
STREET ADDRESS **SANFORD, FL 32771**
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **STEFANI, LYNDA PELHAM**
STREET ADDRESS **1900 E 2ND ST**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☒ Change ☐ Addition
NAME **8466 RIVER BRANCH PL**
STREET ADDRESS **SANFORD, FL 32771**
CITY-ST-ZIP

TITLE ☐ Delete
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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: **STEVEN M. STEFANI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 (407)302-3334
Date Daytime Phone #