## **2001 UNIFORM BUSINESS REPORT (UBR)**

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## FILED Feb 13, 2001 8:00 am DOCUMENT # P96000008385 Secretary of State 1. Entity Name STEC GARDA, INC. 02-13-2001 90045 030 \*\*\*150.00 Principal Place of Business Mailing Address 2138 S.E. 19 PLACE 2138 S.E. 19 PLACE CAPE CORAL FL 33990 CAPÉ CORAL FL 33990 UUU2U371 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0634527 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 1318 LAFAYETTE STREET CAPE CORAL FL 33904 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition □ Delete NAME STEINGRESS, WALTER NAME STREET ADDRESS STREET ADDRESS 2138 S.E. 19 PLACE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 TITLE ☐ Change ☐ Addition ☐ Delete HILL, THOMAS W NAME NAME STREET ADDRESS STREET ADDRESS 1318 LAFAYETTE STREET CITY-ST-7IP CITY-ST-7IP CAPE CORAL FL 33904 TITLE ☐ Delete TITLE ☐ Change 🔀 Addition STEINGRESS, GUDRUN NAME-NAME\_ 2138 S.E. 19 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL. 33990 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITI F ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trusted ampowered to execute. plaify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FFICER OR DIRECTOR

Steingraus Sudius 2-6-01