

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90197 022 ***150.00

DOCUMENT # P96000031626

1. Entity Name

STAT, INC.

Principal Place of Business

**4110 CENTRE POINTE DRIVE STE 219
 FORT MYERS FL**

Mailing Address

**1377 WAINRIGHT HWY
 FT MEYERS FL 33919
 US**

2. Principal Place of Business

4110 CENTER POINTE DRIVE

Suite, Apt., etc.

SUITE 219

3. Mailing Address

1377 WAINRIGHT WAY

Suite, Apt., etc.

SUITE 219

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

Zip

33916

Country

UNITED STATES

Zip

33919

Country

UNITED STATES

6. Name and Address of Current Registered Agent

MICHIE, DAVID D

4110 CENTRE POINTE DRIVE STE 219

FORT MYERS FL

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, 2002 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

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

MICHIE, DAVID D

4110 CENTRE POINTE DRIVE STE 219

FORT MYERS FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSTD

MICHIE, DONNA M

4110 CENTRE POINTE DRIVE STE 219

FORT MYERS FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

Date

239.936.4421

Daytime Phone #

CR2E034 (9/01)