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

## FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P96000044710 STEPHEN F. SABLONE, INC. 04-23-2001 90171 024 \*\*\*150.00 Principal Place of Business Mailing Address 1443 E. RIDGEFIELD DR 1443 E. RIDGEFIELD DR HERNANDO FL 34442 HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address 1246 E. Cleveland ST. 1246 E-CLEVEEAND ST. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3383860 HERNANDO Hernando Not Applicable ria \$8.75 Additional 5. Certificate of Status Desired 34442 U5 <del>⊈</del>∓ US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HURM, STEPHEN D Street Address (P.O. Box Number is Not Acceptable) 9119 POR PERATE LANG DV. SUITE 300 914 E NORVELL BRYANT HWY HERNANDO FL 34442 Zip Code City 33634 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP CR2E034 (10/00) TITLE ☐ Delete TITLE Addition Change SABLONE, STEPHEN F NAME NAME 1246 C. Cleveland ST. STREET ADDRESS 1445 E RIDGEFIELD DR STREET ADDRESS CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP HERUANDO, FLA. 34442 TITLE Delete TITLE Change ☐ Addition SABLONE, John A. SABLONE, JOYCE M NAME NAME 224 COURTNEY SPRINGS CIRCLE STREET ADDRESS 1445 E RIDGEFIELD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL 34442 WINTER SPRINGS, FI. 32708 TITLE ☐ Delete TIT1 F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY - ST - ZIP

Jan J. Sablone STEPHEN & SABLONE
AATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

(352) 126-8375