

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90017 018 ***150.00

DOCUMENT # P96000056852

1. Entity Name
STIM-U-PLANT, INC.

Principal Place of Business Mailing Address
~~ROUTE 1, BOX 235~~ **15901 NW 158 Lane** ~~ROUTE 1, BOX 235~~ **15901 NW 158 Lane**
ALACHUA FL 32615 **ALACHUA FL 32615-9801**

2. Principal Place of Business 3. Mailing Address
15901 NW 158 Lane **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Alachua, Florida **Florida**
 Zip Country Zip Country
32615 **USA**

4. FEI Number **59-3398386** Applied For ☒ Not Applicable

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

SCRUGGS & CARMICHAEL PA
1 SE FIRST AVE
GAINESVILLE FL 32601

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	AMERSON, CHAD R	
STREET ADDRESS	207 Cole Place	
CITY-ST-ZIP	Hot Springs, ARK 71901	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AMERSON, LINDA E	
STREET ADDRESS	5128 NW 47TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	S	<input type="checkbox"/> Delete
NAME	AMERSON, WILLIAM P	
STREET ADDRESS	5128 NW 47TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amerson, Chad R.	
STREET ADDRESS	207 Cole Place	
CITY-ST-ZIP	Hot Springs, ARK 71901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Linda Emerson** **1/4/2000** **904-462-3183**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)