

2000 UNIFORM BUSINESS REPORT (UBR)

3/28/00 10:07:00 AM 03-28-2000 002 ***150.00

DOCUMENT # P96000074937

1. Entity Name

STINGRAY BAY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-28-2000 90076 002 ***150.00

Principal Place of Business

Mailing Address

555 S. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

1561 S. E. 24 TERRALE
POMPANO BCH FL 33062

2. Principal Place of Business

3. Mailing Address

212 BRINY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B-2

City & State

POMPANO BEACH FL

4. FEI Number

65-0692749

Applied For

Not Applicable

Zip

Country

Zip

Country

33062

BROWARD

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

~~KOVARS, CINDALEAH~~
~~1561 SE 24TH TERR.~~
~~POMPANO BEACH FL 33062~~

ARTHUR R ROSENBERG
4875 N FEDERAL HWY
FT LAUD 33308

Name

SHARON O'GORMAN

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

212 BRINY AVE B-2

City

POMPANO BEACH

FL

Zip Code

33062

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

CINDALEAH KOVARS

Cindaleah Kovars

1-11-2000

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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'GORMAN, SHARON O		NAME		
STREET ADDRESS	212 BRINEY AVE B-2		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

Sharon O'Gorman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

Daytime Phone #

CR2E034 (9/99)