

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90130 039 \*\*\*150.00

**DOCUMENT # P96000075994**

1. Entity Name  
**STACEY INVESTMENT, INC.**



Principal Place of Business  
**31608 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684**

Mailing Address  
**162 OLD SURREY LANE  
RICHMOND HILL ON L4C7E  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**35000 EMERALD COAST PARKWAY**

Suite, Apt. #, etc.  
**162 OLD SURREY LANE**

City & State  
**DESTIN, FLORIDA**

City & State  
**RICHMOND HILL, ONTARIO**

Zip  
**32541**

Country  
**U.S.A.**

Zip  
**L4C7E5**

Country  
**CANADA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3412702**

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

**LONG, DENNIS R  
31608 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684**

Name  
**DELLE L. CARR, PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**35000 EMERALD COAST PARKWAY**  
City  
**DESTIN, FL** Zip Code  
**32541**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DELLE L. CARR, PA** *Delia L. Carr, PA* **1-21-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MORCOS, BOUTROS 162 OLD SURREY LANE RICHMOND HILL, ONTARIO L4C- 7E5</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BABCOCK, DAVE 162 OLD SURREY LANE RICHMOND HILL, ONTARIO CA L4-C7E5</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KHREICH, GUSSAN 162 OLD SURREY LANE RICHMOND HILL, ONTARIO CA L4-C7E5</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BABCOCK, THERESA 162 OLD SURREY LANE RICHMOND HILL, ONTARIO CA L4-C7E5</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORCOS, SOUAD 162 OLD SURREY LANE RICHMOND HILL ON L4C- 7E5</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KHREICH, ANTOINETTE 162 OLD SURREY LANE RICHMOND HILL, ONTARIO CA L4-C7E5</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

**JAN. 19 02** **905-886-1819**

Date Daytime Phone #

CR2E034 (10/02)