

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010711

1. Entity Name

STENA TECHNOLOGIES, INC.

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

03-15-2000 90079 007 ***150.00

Principal Place of Business

5100 N. TAMIAMI TRL., STE. 201
NAPLES FL 34103

Mailing Address

5100 N. TAMIAMI TRL., STE. 201
NAPLES FL 34103-2810

C0037894



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4910 Tamiami Tr. N.

3. Mailing Address

4910 Tamiami Tr. N.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

Suite 210

City & State

City & State

Naples, FL

Naples, FL

4. FEI Number

65-0726115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

34103

US

Zip

Country

34103

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SZEMPRUCH, DAVID J
5100 N. TAMIAMI TRL., STE. 201
NAPLES FL 34103

Name

(Same)

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

4910 Tamiami Tr. N., Suite 210

City

Naples

FL

Zip Code

34103

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SZEMPRUCH, DAVID J
5100 N. TAMIAMI TRAIL, SUITE 201
NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4910 Tamiami Tr. N., Suite 210
Naples, FL 34103 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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)(f), 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 or without other like empowered.

SIGNATURE:

David J. Szempruch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/00 941-261-8484