

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90202 043 \*\*\*150.00

DOCUMENT # P97000010711

1. Entity Name

STENA TECHNOLOGIES, INC.



Principal Place of Business

4099 TAMiami TRAIL NORTH  
STE 400  
NAPLES FL 34103

Mailing Address

4099 TAMiami TRAIL NORTH  
STE 400  
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

3033 Riviera Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

City & State  
Naples, Florida

4. FEI Number 65-0726115

Applied For

Not Applicable

Zip

Country

Zip

Country

34103

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUDD, DAVID G  
3033 RIVIERA DR, STE 201  
NAPLES FL 34103

Name

Sheldon W. Starman

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

4099 Tamiami Trail North

Suite 400

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

SIGNATURE

*Sheldon W. Starman*

4/22/03

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 DPT ☐ Delete  
NAME STARMAN, SHELDON W  
STREET ADDRESS 4099 TAMiami TRAIL NORTH  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME BUDD, DAVID G  
STREET ADDRESS 3033 RIVIERA DR, STE 201  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*David G. Budd*

4/22/03

(239) 263-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. BUDD, VICE PRESIDENT

Date

Daytime Phone #

CR2E034 (10/02)