

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90023 043 ***150.00

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1. Entity Name
STENAN, INC.

Principal Place of Business 1058 BLOSSOM DR. SEBASTIAN, FL 32958	Mailing Address 1058 BLOSSOM DR. SEBASTIAN, FL 32958
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0735993	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STEPHEN R. WOOD 1058 BLOSSOM DR. SEBASTIAN, FL 32958	7. Name and Address of New Registered Agent <table border="1"> <tr><td>Name</td></tr> <tr><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>City</td></tr> <tr><td>State</td></tr> <tr><td>Zip Code</td></tr> </table>	Name	Street Address (P.O. Box Number is Not Acceptable)	City	State	Zip Code
Name						
Street Address (P.O. Box Number is Not Acceptable)						
City						
State						
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** _____

Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEPHEN R. WOOD		NAME STEPHEN R. WOOD	
STREET ADDRESS 8098 OLD FOREST RD		STREET ADDRESS 1058 BLOSSOM DR.	
CITY-ST-ZIP PBG, FL 33410		CITY-ST-ZIP SEBASTIAN, FL 32958	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NANCY L. WOOD GUTHRIE		NAME NANCY L. WOOD	
STREET ADDRESS 8298 OLD FOREST RD.		STREET ADDRESS 1058 BLOSSOM DR.	
CITY-ST-ZIP PBG, FL 33410		CITY-ST-ZIP SEBASTIAN, FL 32958	
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	
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: SR Wood STEPHEN R. WOOD 5/22/2000 561-581-1943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)