

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90115 031 ***158.75

DOCUMENT # P97000028830

1. Entity Name

STACO ENERGY CORPORATION

Principal Place of Business

**8820 BAY VILLA COURT STE 165
ORLANDO FL 32836**

Mailing Address

**8820 BAY VILLA COURT STE 165
ORLANDO FL 32836**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3444746**

Applied For

Not Applicable

5. Certificate of Status Desired **XX** **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BENNIN, ANGELA
8820 BAY VILLA CT
ORLANDO FL 32836**

7. Name and Address of New Registered Agent

Name **Scott D. Bennin**

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

1128 Nela Avenue

City

Orlando

FL

Zip Code

32809

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, 2001 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

TITLE **D** ☒ Delete
NAME **BENNIN, ANGELA**
STREET ADDRESS **8820 BAY VILLA COURT STE 165**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Change ☐ Addition
NAME **Bennin, Angela**
STREET ADDRESS **8820 Bay Villa Court**
CITY-ST-ZIP **Orlando, FL 32836**

TITLE **P** ☐ Change ☒ Addition
NAME **Bennin, Scott D.**
STREET ADDRESS **1128 Nela Avenue**
CITY-ST-ZIP **Orlando, FL 32809**

TITLE **S/T** ☐ Change ☒ Addition
NAME **Bennin, Jennifer**
STREET ADDRESS **1128 Nela Avenue**
CITY-ST-ZIP **Orlando, FL 32809**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-859-3595

0074777

CR2E034 (10/00)