

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90508 025 ***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
**PO BOX 593106
ORLANDO FL 32859**

2. Principal Place of Business

3. Mailing Address
9507 Boyce Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

Zip

Country

Zip
32824

Country

USA

4. FEI Number
59-3444746

Applied For

Not Applicable

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

BENNIN, SCOTT D
1128 NELA AVENUE
ORLANDO FL 32809

6504 Saint Partin Place
Orlando, FL 32812

Name

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

City

FL

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

SIGNATURE

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

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

TITLE **P** ☐ Delete
NAME **BENNIN, SCOTT D**
STREET ADDRESS **1128 NELA AVENUE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **P** ☒ Change ☐ Addition
NAME **Bennin, Scott D.**
STREET ADDRESS **6504 Saint Partin Place**
CITY-ST-ZIP **Orlando, FL 32812**

TITLE **ST** ☐ Delete
NAME **BENNIN, JENNIFER**
STREET ADDRESS **1128 NELA AVENUE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **ST** ☒ Change ☐ Addition
NAME **Bennin, Jennifer**
STREET ADDRESS **6504 Saint Partin Place**
CITY-ST-ZIP **Orlando, FL 32812**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
Jennifer Bennin 1/15/03 407-259-8485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)