

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90136 012 ***150.00

DOCUMENT # P97000041135

1. Entity Name
STAMEL, INC.

Principal Place of Business 3753 46TH AVE. S., STE 8 ST. PETERSBURG FL 33711	Mailing Address 3753 46TH AVE. S., STE 8 ST. PETERSBURG FL 33711
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2. Principal Place of Business 3753 46TH AVE. S. Suite, Apt. #, etc. STE 7	3. Mailing Address 3753 46TH AVE. S. Suite, Apt. #, etc. STE 7
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DO NOT WRITE IN THIS SPACE

City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL	4. FEI Number 59-3456179	Applied For <input type="checkbox"/>
Zip 33711	Country PINELLAS	Zip 33711	Country PINELLAS
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HASSE, STANLEY F 3753 46TH AVE. S., STE 8 ST. PETERSBURG FL 33711	7. Name and Address of New Registered Agent Name HASSE, STANLEY F. Street Address (P.O. Box Number is Not Acceptable) 3753 46TH AVE. S., STE 7 City ST. PETERSBURG, FL Zip Code 33711
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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 *Stanley F. Hasse* **STANLEY F. HASSE - PRES** DATE 4/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HASSE, STANLEY F 3753 46TH AVE. S., STE 8 ST. PETERSBURG FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition STE 7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAMILTON, MELVIN E 3753 46TH AVE. S., STE 8 ST. PETERSBURG FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition STE 7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stanley F. Hasse* **STANLEY F. HASSE** DATE 4/15/01 DAYTIME PHONE # 727-866-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)