

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017585

1. Entity Name

STOLC ENTERPRISES INC

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90020 011 \*\*\*158.75

Principal Place of Business

16106 FOXFIRE DR  
TAMPA FL 33618  
US

Mailing Address

16106 FOXFIRE DR.  
TAMPA FL 33618  
US

00004190

2. Principal Place of Business

5314 LADYWELL CT

3. Mailing Address

5314 LADYWELL CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL 33624

City & State

TAMPA FL

Zip

Country

Zip

Country

4. FEI Number 59-3494697

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAWRON, MARY  
19321-C US HWY 19 N, STE 601  
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

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.

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 P  
NAME STOLC, PETER  
STREET ADDRESS 16106 FOXFIRE DR.  
CITY-ST-ZIP TAMPA FL 33618 ☒ Delete

TITLE P  
NAME STOLC, PETER  
STREET ADDRESS 5314 LADYWELL CT  
CITY-ST-ZIP TAMPA, FL 33624. ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0351175

CR2E034 (10/00)