

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90019 042 ***150.00

DOCUMENT # P98000021176

1. Entity Name
STILLWELL, VAN HORN & ASSOCIATES, INC.

Principal Place of Business

**3014 ESTRELLA ST
 SUITE 100
 TAMPA FL 33629
 US**

Mailing Address

**3014 ESTRELLA ST
 SUITE 100
 TAMPA FL 33629
 US**

2. Principal Place of Business

1225 West Brandon Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

1225 West Brandon Blvd.
 Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Brandon, FL

4. FEI Number

59-3499084

Applied For

Not Applicable

Zip **33511**

Country **Hillsborough**

Zip **33511**

Country **Hillsborough**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GIORDANO, JOHN N
 220 SOUTH FRANKLIN ST
 TAMPA FL 33602**

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, 2002 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** ☐ Delete
 NAME **VAN HORN, DANIEL L**
 STREET ADDRESS **112 cranbrooke street**
 CITY-ST-ZIP **PO BOX 858 LITHIA FL 33547 Seffner, FL 33584**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Daniel L. Van Horn 4/27/02 1-813-684-4565
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)