

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045627

1. Entity Name

STEPANEK, INC.

Principal Place of Business

POST OFFICE BOX 32312
PALM BEACH GARDENS FL 33420

Mailing Address

POST OFFICE BOX 32312
PALM BEACH GARDENS FL 33420

2. Principal Place of Business

15393 76th TRAIL N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

~~PalM Bch GARDENS FL~~

City & State

Zip Country

33418 U.S.A.

4. FEI Number

65-0845449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, SCOTT ESQUIRE
6650 WEST INDIANTOWN ROAD
SUITE 200
JUPITER FL 33458

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 D
NAME STEPANEK, TIMOTHY
STREET ADDRESS POST OFFICE BOX 32312
CITY-ST-ZIP PALM BEACH GARDENS FL 33420 ☒ Delete

TITLE President
NAME STEPANEK, TIMOTHY
STREET ADDRESS 15393 76th TRAIL N.
CITY-ST-ZIP PALM Bch. GARDENS, FL 33418 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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

Telephone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90081 050 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)