

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90936 045 ***150.00

DOCUMENT # P98000063008

1. Entity Name

STOCK INVESTMENT MAINTENANCE INC.

Principal Place of Business

~~264 MIAMI AVE WEST~~
VENICE FL 34285
US

Mailing Address

~~264 MIAMI AVE WEST~~
VENICE FL 34285
US

2. Principal Place of Business

264 MIAMI AVE WEST
 Suite, Apt. #, etc.

3. Mailing Address

264 MIAMI AVE WEST
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3524222**

Applied For
 Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENZELL, ANDREW W
258 MIAMI AVENUE WEST
VENICE FL 34285

Name

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

264 MIAMI AVE WEST

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **KORZILIUS, ERIK V**
 STREET ADDRESS **1011 PRINCESS LANE**
 CITY-ST-ZIP **VENICE FL 34293**

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

TITLE **D** ☐ Delete
 NAME **PENZELL, ANDREW W**
 STREET ADDRESS ~~**258 MIAMI AVENUE WEST**~~
 CITY-ST-ZIP **VENICE FL 34285**

TITLE ☒ Change ☐ Addition
 NAME *264 MIAMI AVE WEST*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

Andrew W Penzell *Andrew W Penzell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

941-893-2890

Daytime Phone #

CR2E034 (10/00)