

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064998

1. Entity Name

STANLEY CONSTRUCTION & REMODELING, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90149 047 ***150.00

Principal Place of Business

3553 BELLGRAVE BLVD
INVERNESS FL 34452

Mailing Address

PO BOX 1945
INVERNESS FL 34451-1945

2. Principal Place of Business

502 SAN REMO CIR

3. Mailing Address

P.O. BOX 1945

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

Zip

34451

Country

CITRUS

Zip

34451

Country

CITRUS



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3523351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GURROLA, RUDOLPH SR
3553 BELLGRAVE BLVD
INVERNESS FL 34452

7. Name and Address of New Registered Agent

Name RUDOLPH R. GURROLA SR

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

502 SAN REMO CIRCLE

City

INVERNESS, FL

Zip Code

34451

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

Rudolph R. Gurrola Sr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr. 9, 2000

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, 2000 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 PST.
NAME GURROLA, RUDOLPH R
STREET ADDRESS 3553 S BEGRAVE
CITY-ST-ZIP INVERNESS FL 34451

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE RUDOLPH R. GURROLA SR
NAME
STREET ADDRESS 502 SAN REMO CIRCLE
CITY-ST-ZIP INVERNESS, FL 34451

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 667, 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

Rudolph R. Gurrola Sr.

DATE

Daytime Phone #

Apr. 9, 2000

CR2E034 (9/99)