

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068454

1. Entity Name

STEGE'S CARPENTRY, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90247 011 ***150.00

Principal Place of Business

1667 FOLKSTONE RD
TALLAHASSEE FL 32312

Mailing Address

1667 FOLKSTONE RD
TALLAHASSEE FL 32312

645440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3534791**

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

WALKER, CLAUDE R
106 E COLLEGE AVE, SUITE 900
TALLAHASSEE FL 32301

Name

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

City

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 the filer, applicable.

(NOTE: Registered Agent's 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 \$350.00
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	<input type="checkbox"/> Delete
NAME	STEGE, JAMES E II	
STREET ADDRESS	1667 FOLKSTONE RD	
CITY-STATE-ZIP	TALLAHASSEE FL 32312	
TITLE	V	<input type="checkbox"/> Delete
NAME	NICHOLS, TODDIE	
STREET ADDRESS	11337 S.E. YAMHILL ST	
CITY-STATE-ZIP	PORTLAND OR 97216	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEGE, BRANDI	
STREET ADDRESS	1667 FOLKSTONE RD	
CITY-STATE-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-STATE-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.

STANDARD USE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

591-9144

Date

Daytime Phone

CR2E034 (10/00)