## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 01, 2001 8:00 am Secretary of State DOCUMENT # P98000068627 STEPHANIE WISNIEWSKI, INC. 05-01-2001 90123 050 \*\*\*150.00 Principal Place of Business Mailing Address 3040 KIRKLAND ST. 3040 KIRKLAND ST. DELTONA FL 32738 **DELTONA FL 32738** 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3527046 No: Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WISNIEWSKI, STEPHANIE Street Address (P.O. Box Number is Not Acceptable) 3040 KIRKLAND ST. **DELTONA FL 32738** 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 (NOTS: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** ☐ Delete TITLE Coance Addition TITLE WISNIEWSKI, STEPHANIE NAME NAME 3040 KIRLAND ST. STREET ADDRESS STREET ADDRESS. **DELTONA FL 32738** CiTY-ST-ZIP CITY-ST-ZE Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Delete TITLE Change Ti Addition Title NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TiTLE TITLE NAME NAME SIRRET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP City-St-ZiP ☐ Chance Addition TITLE ☐ Delete TITLE NAME NAME STREET ACCRESS 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR