## **2000 UNIFORM BUSINESS REPORT (UBR) FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **P98000070265** STOR-MOR WAREHOUSING, INC. 03-21-2000 90029 028 \*\*\*150.00 Mailing Address Principal Place of Business 3724 SE MALIBU LANE 3724 SE MALIBU LANE STUART FL 33494 STUART FL 34997-6922 NUUUUNUIU 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 23-2051038 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAUERLE, J MARC Street Address (P.O. Box Number is Not Acceptable) 3724 SE MALIBU LANE STUART FL 33494 Zip Code City FL 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. (NQTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE ☐ Change TITLE BAUERLE, J MARC NAME NAME STREET ADDRESS STREET ADDRESS 3724 SE MALIBU LANE CITY-ST-ZIP CITY-ST-ZIP STUART FL 33494 Change Addition Delete TITLE HATTER, LARRY L NAME NAME 3724 SE MALIBU LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 33494 CITY-ST-ZIP ☐ Change Addition De'ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

3-14-00

717-781-6300

Daytime Phone #

Change

☐ Addition