

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000074478**

1. Entity Name

STACK, INC.**FILED**
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90306 045 ***150.00

80003456

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

PHILLIPS HIGHWAY **3558 PHILLIPS HIGHWAY**
FL 32207 **JACKSONVILLE FL 32207-5612**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3532113** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, KANTA C
3558 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PATEL, KANTA C		NAME		
STREET ADDRESS	3558 PHILLIPS HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PATEL, TARAK C		NAME		
STREET ADDRESS	3558 PHILLIPS HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PATEL, CHAMPAKAL D		NAME		
STREET ADDRESS	3558 PHILLIPS HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Champakal D. Patel **CHAMPAKAL D. PATEL** 1-11-2000 (904) 396-9587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)