

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088973

1. Entity Name

STALLONE'S OF KIRKMAN INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90033 038 ***150.00

Principal Place of Business

3C-4626 SO KIRKMAN RD.
ORLANDO FL 32811

Mailing Address

3C-4626 SO KIRKMAN RD.
ORLANDO FL 32811

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3554369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STALLONE, JOSEPH
3826 NORBURY CT.
ORLANDO FL 32835

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
NAME **STALLONE, JOSEPH**
STREET ADDRESS **3826 NORBURY CT**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **VP** ☐ Delete
NAME **STALLONE, WILLIAM**
STREET ADDRESS **4807 WINGROVE BLVD**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Stallone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 293-5777

CR2E034 (5/00)

Attachment
D# P98000889B
D0082313

STALLONES
4626 S. Kirkman Rd.
Orlando, FL 32811

TO Division of Corporations.

I recently recieved a second notice form telling me ABOUT A late penalty. I never recieved the first form and WAS UNAWARE of the penalty I would have to pay. I would have paid promptly if I recieved the first notice. I am sending you payment today after calling 850 488-9000 And they told me how to handle this matter.

Thanks
Billy Stallone