## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **P99000028172** SANDRA STIEN, INC. 01-19-2000 90115 008 \*\*\*150.00 Mailing Address Principal Place of Business 2307 LINTON RIDGE CIR. #C12 LINTON RIDGE CIR. #C12 801793 DELRAY BEACH FL 33444-8171 BEACH FL 33444 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-351322 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 5 ANDRA DUGDELL STIEN, SANDRA Street Address (P.O. Box Number is Not Acceptable) 2307 LINTON KIDSE (IR. #C12 2307 LINTON RIDGE CIR. #C12 **DELRAY BEACH FL 33444** Zip Code 33444 DELRAY BEACH TL 8. The above named offitty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 1-10-2000 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) Delete TITLE TITLE SANDRA DUGBELL STIEN, SANDRA NAME 2307 LINTON RIDSE CIE, #CIZ 2307 LINTON RIDGE CIR. #C12 STREET ADDRESS STREET ADDRESS DELRAY BEACH, TU 33444 CITY-ST-7IP **DELRAY BEACH FL 33444** CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition [7] TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

DUGALLA DUGDELL

**FILED**