## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 20, 2001 8:00 am Secretary of State DOCUMENT # **P99000030393** 1. Entity Name STF FLORIDA, INC. 04-20-2001 90182 046 \*\*\*150.00 Principal Place of Business Mailing Address % NINE TO FIVE SECRETARIAL SERVICE % NINE TO FIVE SECRETARIAL SERVICE 2250 GULF GATE DR., SUITE A 2250 GULF GATE DR., SUITE A **李林紫 周**斯 SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not 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 John J. Shea shea, John J Jr Street Address (P.O. Box Number is Not Acceptable) Judd, Shea, Ulrich, Orawec, 630 S ORANGE AVE #300 Wood & Dean P.A. SARASOTA FL 34236 2940 South Tamiami Trail Zip Code 34239 City Sarasota 8. The above name entity s ybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, ty 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. $\mathfrak{D}$ TITLE ☐ Delete TITLE Change ☐ Addition FOXALL, STANLES T 2250 GULF GATE DR. SUITE A NAME FOXALL, STANLEY T NAME STREET ADDRESS STREET ADDRESS 531 HARBOR GATE WAY SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP **LONGBOAT KEY FL 34228** Addition Change Delete TITLE FOXALL, MARJORIE NAME FOXALL, KAREN J NAME 2250 GULF GATE DR. SUITE A ADDRESS 531 HARBOR GATE WAY STREET ADDRESS -ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP SARASOTA . Delete ⊆ IIIL . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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: S. FOXCH - STANLES THOMAS FOXALL 04-06-2001

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #