

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030586

1. Entity Name

L. STAMOS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90259 016 ***150.00

Principal Place of Business

Mailing Address

5940 36TH ST. WEST. APT. J-101
BRADENTON FL 34210

5940 36TH ST. WEST. APT. J-101
BRADENTON FL 34210-3664

2. Principal Place of Business

3. Mailing Address

1275 TALLEVAST RD

1275 TALLEVAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0912009

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

34243

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAMOS, LINDA
118 SPORTSMAN ROAD
ROTUNDA WEST FL 33947

Name

LINDA STAMOS

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

7205 ALDERWOOD DR.

City

SARASOTA

FL

Zip Code

34243

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 **PRESIDENT** ☐ Delete
NAME **LINDA STAMOS**
STREET ADDRESS **7205 ALDERWOOD DR.**
CITY-ST-ZIP **SARASOTA, FL 34243**

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

TITLE **VICE-PRESIDENT** ☐ Delete
NAME **LARRY STAMOS**
STREET ADDRESS **7205 ALDERWOOD DR.**
CITY-ST-ZIP **SARASOTA, FL 34243**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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: *Linda Stamos* LINDA STAMOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-00 941 351 4727

Date

Daytime Phone #

CR2E034 (9/99)