2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am DQCUMENT # P9900036104 **Secretary of State** 1. Entity Name STAN-UNITED MARKETING, INC. 02-08-2001 90062 021 ***150.00 Principal Place of Business Mailing Address 1034 MOHAWK AVE NW 1034 MOHAWK AVE NW PALM BAY FL 32907 PALM BAY FL 32907 Principal Place of Business 3. Mailing Address 1034 MOHAWK AVE 1034 mohAWK Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE NW. رب رن City & State City & State Applied For 4. FEI Number F1. 59-3589395 tel m Not Applicable \$8.75 Additional 5. Certificate of Status Desired BrEVARD WE VARIO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAWICKI, STANLEY C Street Address (P.O. Box Number is Not Acceptable) 1034 MOHAWK AVE NW PALM BAY FL 32907 mohawk Ave. N.W. 8. The above named entity solomits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 2/3/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Sawicki Joanne Change 1034 mothaux Ave. N.W Palm, BAX, Fl. 30907 SR2E034 (10/00) Delete TITLE TITLE NAME NAME SAWICKI, STANLEY C STREET ADDRESS STREET ADDRESS 1034 MOHAWK AVE NW CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 Addition Change Delete TITLE TITLE NAME NAME DEL ROSARIO, TED J STREET ADDRESS STREET ADDRESS 1798 KAMSACK ST NW CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 TITLE' TITLE ☐ Change · [] Addition: Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/3/01 321-984-5