

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-15-2002 90046 008 ***150.00

DOCUMENT # P99000037214

1. Entity Name

LOUIS O. STALLINGS, P.A.

Principal Place of Business

P.O. BOX 474
EARLETON FL 32631

Mailing Address

P.O. BOX 474
EARLETON FL 32631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3572450

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STALLINGS, LOUIS O
2638-3 STATE RD. 21
MELROSE FL 32666

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STALLINGS, LOUIS C	
STREET ADDRESS	2638-3 STATE RD 21	
CITY-ST-ZIP	MELROSE FL 32666	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Louis O. STALLINGS

CR2E034 (4/02)

Attachment

#P990000 37214

LOUIS O. STALLINGS, P.A.
P.O. BOX 474
EARLETON, FLORIDA 32631

42235

August 12, 2002

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam;

Enclosed please find the second notice on my corporation annual report. I mailed my original report in on February 10, 2002, along with a check for \$150.00. My check has never cleared my bank. I filed my report for 2001 last year and it took several months before my check cleared so I assumed the same thing happened this year. I called your office and the women there told me to send in this report along with this letter and another check for \$150.00 and you would accept this second attempt as complying with the timely filing of my annual report. I hope she was correct.

Thank you in advance for your cooperation.

Sincerely

Louis O. Stallings
Louis O. Stallings
President