

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045330

1. Entity Name

-STAGE-BATTERY-AND ALTERNATOR, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90065 011 ***150.00

Principal Place of Business

3737 PROVIDENCE ROAD
BOYNTON BEACH FL 33436

Mailing Address

3737 PROVIDENCE ROAD
BOYNTON BEACH FL 33436-8537

2. Principal Place of Business

2730 NW 226T
Suite, Apt. #, etc. #3

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Pompano, FL

City & State

4. FEI Number

65-0926894

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADDICOTT & ADDICOTT, P.A.
450 NORTH PARK ROAD
SUITE 805
HOLLYWOOD FL 33021

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.

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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D
NAME STAGE, CHRIS
STREET ADDRESS 3737 PROVIDENCE ROAD
CITY-ST-ZIP BOYNTON BEACH FL 33436

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Chris Don K STAGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-22-00 954-931-0590

Daytime Phone #

CR2E034 (9/99)