

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060742

1. Entity Name
TONY STALNAKER CONSTRUCTION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 18 PM 4:03

Principal Place of Business
3119 E BUS HWY 98
STE 1
PANAMA CITY FL 32404

Mailing Address
P. O. BOX 10525
PANAMA CITY FL 32404

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 59-3331419

Applied For
Not Applicable

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

STALNAKER, TONY
6443 OAK SHORE AVE
PANAMA CITY FL 32404

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, name or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME STALNAKER, TONY
STREET ADDRESS 6443 OAK SHORE DR
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME STALNAKER, TONY
STREET ADDRESS 284 Sukoski, DR
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400022079304
CITY-ST-ZIP 08/05/03--01073--010 **165.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Per Pat Bail

212

TONY STALNAKER

P.O. BOX 10525
PANAMA CITY FL. 32404
850.785.8700
850.874.8700
tonystalnak@comcast.net

July 16, 2003

Dear Pat Bailey,

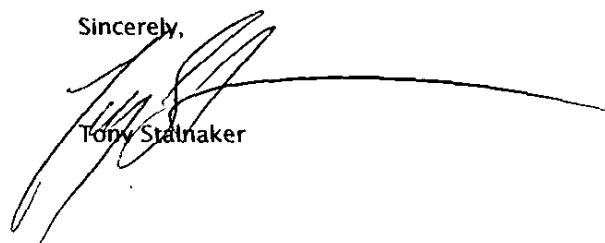
I did not receive the notice that advised me of a returned check and of your intent to administratively dissolve in 60 days. Therefore I am requesting a waiver of the reinstatement fee and penalty.

I spoke with you about this matter, I was out of town helping my mother if you recall and had the Post Office holding my mail. Your assistance in this matter is greatly appreciated.

Amount Due: \$ 165.00

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Sincerely,



Tony Stalnak