

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90189 046 \*\*\*150.00

**DOCUMENT # P99000076515**

1. Entity Name  
**STA CONCESSIONS, INC.**



Principal Place of Business  
**10410 RATELL AVENUE  
GIBSONTON FL 33534**

Mailing Address  
**305 N. PARSONS AVE  
BRANDON FL 33510**



2. Principal Place of Business

3. Mailing Address  
**10410 RATELL AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**GIBSONTON FL.**

Zip

Country

Zip

**33534**

Country  
**USA**

4. FEI Number **59-3602753**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**REED, MICHAEL  
305 N. PARSONS AVE  
BRANDON FL 33510**

7. Name and Address of New Registered Agent

Name **CAROLYN PERRY**

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

**10410 RATELL AVE**

City **GIBSONTON**

FL

Zip Code  
**33534**

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 *Carolyn Perry*  
Signature, typed or printed name of registered agent and title, if applicable.

**2-21-03**

(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

TITLE **DPST**  
NAME **PERRY, CAROLYN SUE**  
STREET ADDRESS **10410 RATELL AVENUE**  
CITY-ST-ZIP **GIBSONTON FL 33534**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CR2E034 (10/02)

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: *Carolyn Perry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-21-03**