2001 UNIFORM	BUSINESS	REPORT	(UBR
--------------	-----------------	--------	------

Feb 08, 2001 8:00 am DOCUMENT # **P99000081845 Secretary of State** STEMAR ENTERPRISES INCORPORATED 02-08-2001 90035 040 ***158.75 Principal Place of Business Mailing Address 1336 CATALINA RD..EAST 1336 CATALINA RD..EAST JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business Mailing Address 5228 Beach Blvd. 52<u>28 Beach Blvd</u> Suite, Apt. #, etc. Suite, Apt. #, etc. _ DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3629691 Jacksonville Florida Not Applicable Jacksonville: Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32207 - 🤊 📝 .32207 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Stephen G. Stubblefield STUBBLEFIELD. STEPHEN G Street Address (P.O. Box Number is Not Acceptable) 1336 CATALINA RD., EAST JACKSONVILLE FL 32216 5228 Beach Blvd Zip Code Jacksonville 32207 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 <u>Stephen G. Stubblefield</u> FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete X Change STUBBLEFIELD, STEPHEN G Stubblefield, Stephen G. STREET ADDRESS 1336 CATALINA RD., EAST STREET ADDRESS 5228 Beach Blvd CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP Jacksonville, Florida ^ /32207 TITLE ☐ Delete TITLE ☐ Change Stubblefield, Mary NAME NAME 5228 Beach Blvd STREET ADDRESS STREET ADDRESS Jacksonville, Florida 32207 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

Stephen G. Stubblefield

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.

Date Davime Phone #