

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000081904**1. Entity Name
STELLERAMIS, INC.

Principal Place of Business

8875 HIDDEN RIVER PKWY.

TAMPA
33637

FL

Mailing Address

8856 CYPRESS HAMMOCK DR.

TAMPA
33614

FL

2. Principal Place of Business

11007 N. 56TH STREET

Suite, Apt. #, etc.
SUITE 207City & State
TAMPA

FL

Zip
33617

Country

3. Mailing Address

11007 N. 56TH STREET

Suite, Apt. #, etc.
SUITE 207City & State
TAMPA

FL

Zip
33617

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3598863

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER R. CLINTON
8856 CYPRESS HAMMOCK DRIVETAMPA FL
33614 US

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)

04/24/2001

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, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	RAMIS JOSEPH M	
STREET ADDRESS	8875 HIDDEN RIVER PKWY.	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STETTLER ROBERT D	
STREET ADDRESS	8875 HIDDEN RIVER PKWY.	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER R. CLINTON	
STREET ADDRESS	8875 HIDDEN RIVER PKWY.	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: R. Clinton Miller

PD

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)