

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090301

1. Entity Name  
**STOFF MOTOR COMPANY**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90362 004 \*\*\*150.00

923897



DO NOT WRITE IN THIS SPACE

|                                                                             |                      |                                                                 |                      |
|-----------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------|----------------------|
| Principal Place of Business<br>2665 U.S. HWY 1 S.<br>ST. AUGUSTINE FL 32084 |                      | Mailing Address<br>2665 U.S. HWY 1 S.<br>ST. AUGUSTINE FL 32084 |                      |
| 2. Principal Place of Business<br>2665 US Hwy. 1 South                      |                      | 3. Mailing Address<br>2665 US Hwy. 1 South                      |                      |
| Suite, Apt. #, etc.                                                         |                      | Suite, Apt. #, etc.                                             |                      |
| City & State<br>St. Augustine, Fl.                                          |                      | City & State<br>St. Augustine, Fl.                              |                      |
| Zip<br>32086                                                                | Country<br>St. Johns | Zip<br>32086                                                    | Country<br>St. Johns |

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0956453</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                                              |  |                                                                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>STOFF, RICHARD R</b><br><b>5848 N.W. 121ST AVENUE</b><br><b>CORAL SPRINGS FL 33076</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>Richard R. Stoff</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>41 Cleveland Court</b><br>City <b>Palm Coast</b> <b>FL</b> Zip Code <b>32137</b> |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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 **Richard Stoff** 2-21-2001  
(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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |                                                                                                                                  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                                 |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>STOFF, RICHARD R</b><br><b>%1660 SO SR 7</b><br><b>FORT LAUDERDALE FL 33317</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD</b><br><b>Richard R. Stoff</b><br><b>41 Cleveland Court</b><br><b>Palm Coast, Fl. 32137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DST</b><br><b>STOFF, DARLENE D</b><br><b>%1660 SO SR 7</b><br><b>FORT LAUDERDALE FL 33317</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DST</b><br><b>Darlene D. Stoff</b><br><b>41 Cleveland Court</b><br><b>Palm Coast, Fl. 32137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                               |

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: **Richard Stoff** 2-21-2001 904-808-0542  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)