

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106442

1. Entity Name
ST CORPORATION OF DOVER

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90246 025 ***158.75

Principal Place of Business **NEW ADDRESS** Mailing Address
1601 PALACE CT. 3135 N. DOVER RD
VALRICO FL 33594 VALRICO FL 33594
DOVER FL 33527 DOVER FL 33527

2. Principal Place of Business 3. Mailing Address
3135 N. DOVER RD 3135 N. DOVER RD
Suite, Apt. #, etc. Suite, Apt. #, etc.
DOVER FL DOVER FL
Zip Country Zip Country
33527 HILLSBOROUGH 33527 HILLSBOROUGH



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3610469 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

ABRAHAM, MATHEW 261 HERMITAGE
1227 GOLD FINCH DR #11 HILLWAY
PLANT CITY FL 33567 VALRICO FL 33594

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 X Matthew Abraham MATHEW ABRAHAM PRESIDENT X 2-1-01
Signature, typed or printed name of registered agent and title if applicable. (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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOMY, THOMAS 1601 PALACE CT VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRAHAM, MATHEW 1227 GOLD FINCH DR #11 PLANT CITY FL 33567	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	261 HERMITAGE HILLWAY VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS 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: X Matthew Abraham MATHEW ABRAHAM X 2-1-01 X (813) 752-2757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)