

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90208 042 ***150.00

DOCUMENT # P99000108719

1. Entity Name
BEVERLY R. STOLKI, INC.



Principal Place of Business
8695 COLLEGE PARKWAY STE 310
FT. MYERS FL 33919

Mailing Address
8695 COLLEGE PARKWAY STE 310
FT. MYERS FL 33919

2. Principal Place of Business
5245 RAMSEY WAY
Suite, Apt. #, etc.
SUITE # 5

3. Mailing Address
5245 RAMSEY WAY
Suite, Apt. #, etc.
SUITE # 5

City & State
FORT MYERS, FL
- Zip 33907 - Country USA

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FORT MYERS, FL
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4. FEI Number 65-0969562

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STOLKI, BEVERLY R
8695 COLLEGE PARKWAY STE 310
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name BEVERLY R. STOLKI
Street Address (P.O. Box Number is Not Acceptable)
5245 RAMSEY WAY
SUITE # 5
City FORT MYERS FL Zip Code 33907

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 Beverly R. Stolk

2-17-03

DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	STOLKI, BEVERLY R	6986 KIMBERLY TERRACE	FORT MYERS FL 33919	<input type="checkbox"/>
TS	STOLKI, KENNETH A	6986 KIMBERLY TERRACE	FORT MYERS FL 33919	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Beverly R. Stolk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly Stolk (239) 590-6800
2-17-03
Daytime Phone #

CR2E034 (10/02)