

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90211 049 ***150.00

DOCUMENT # P99000109141

1. Entity Name
STANCEL TREE FARM, INC.



Principal Place of Business
17221 ALICO CENTER RD. SUITE 1
FT MYERS FL 33912

Mailing Address
17221 ALICO CENTER RD. SUITE 1
FT MYERS FL 33912



2. Principal Place of Business

17252 Allico Center Rd.

3. Mailing Address

17252 Allico Center Rd

Suite, Apt. #, etc.

Suite #4

Suite, Apt. #, etc.

Suite #4

City & State

St. Myers, FL

City & State

St. Myers, FL

Zip

33912

Country

USA

Zip

33912

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0988860

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANCEL, WILLIAM R
17221 ALICO CENTER RD, SUITE 1
FT MYERS FL 33912

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

01-22-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME STANCEL, WILLIAM R
STREET ADDRESS 17221 ALICO CENTER RD, SUITE 1
CITY-ST-ZIP FT MYERS FL 33912

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: *William R. Stancel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-03

Date

239-437-7051

Daytime Phone #

CR2E034 (10/02)