

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91095 007 ***150.00

DOCUMENT # P99000109366

1. Entity Name
STEBON, INC.



Principal Place of Business
13038 BENT PINE COURT
JACKSONVILLE FL 32246

Mailing Address
13038 BENT PINE COURT
JACKSONVILLE FL 32246



2. Principal Place of Business

14589 LAGOON DR
Suite, Apt. #, etc.

3. Mailing Address

14589 LAGOON DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE BEH, FL JACKSONVILLE BEACH, FL

Zip
32250

Country

Zip

32250

Country

4. FEI Number **59-3613849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BONNIE, MARIEA
13038 BENT PINE C T EAST
JACKSONVILLE FL 32246

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ **Delete**
NAME **MARIEA, BONNIE A**
STREET ADDRESS **13038 BENT PINE COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **VTD** ☐ **Delete**
NAME **MARIEA, STEPHEN E**
STREET ADDRESS **13038 BENT PINE COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 (904) 221-2020
Date Daytime Phone #

CR2E034 (10/02)