2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S61692 DOCUMENT

1. Entity Name STEBIL CORP.

2135 COTTAGE ST FT MYERS FL 33901

SIGNATURE



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90155 008 ***150.00

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Principal Place of Business Mailing Address 192 WADLEIGH HILL RD 192 WADLEIGH HILL RD NORTH SUTTON NH 03260 NORTH SUTTON NH 03260 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent COUSE, E.G.

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☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0269416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code

28. 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.

City

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE CR2E034 (10/02) ☐ Addition ☐ Change UHL, WILLIAM T. NAME NAME STREET ADDRESS 192 WADLEIGH HILL RD STREET ADDRESS CITY-ST-7IP NORTH SUTTON NH CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS au. 14, 2002 STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I furtify cert 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, had a 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: