

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S74270

1. Entity Name

STMS, INC.

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90045 046 \*\*\*150.00

Principal Place of Business

Mailing Address

P O BOX 66159

P O BOX 66159

ST. PETERSBURG FL 33736-3159

ST. PETERSBURG FL 33736-3159

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3082650

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

ENGLANDER, LEONARD S.  
6666 - 22ND AVENUE NORTH  
5959 CENTRAL AVENUE, SUITE 201  
ST. PETERSBURG FL 33710

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

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 D  
NAME ENGLANDER, LEONARD S.  
STREET ADDRESS 6666 - 22ND AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL ☒ Delete

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

TITLE DP  
NAME STROSS, JOHN E  
STREET ADDRESS 54 COREY AVE  
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS 430 PARK ST. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☒ Change ☐ Addition

TITLE DST  
NAME TAPPAN, RICHARD A  
STREET ADDRESS 54 COREY AVE  
CITY-ST-ZIP ST PETERSBURG FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR, SEC. TREAS  
NAME R. MICHAEL MARSTON  
STREET ADDRESS 250 N. BELCHER #100  
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR, V.P.  
NAME ROBERT SPENCE  
STREET ADDRESS 250 N. BELCHER #100  
CITY-ST-ZIP CLEARWATER, FL 33765 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

R. MICHAEL MARSTON, R. Michael Marston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

727-441-6829

Daytime Phone #

CR2E034 (10/00)

0620653