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

City & State

Zip



**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90086 032 \*\*\*150.00

DOCUMENT #  I. Entity Name STANISH, INC.	S82328	

City & State

Zip

Principal Place of Business Mailing Address 6207 - 28 ST E 6207 20 ST E **BRADENTON FL 34203 BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address 2207 S87H AUE E 2207 58TH Suite, Apt. #, etc. Suite, Apt. #, etc.

Country



CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0289701 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

	Fee Required	
7. Name and	Address of New Registered Agent	
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL Zip Code	
_	7. Name and Name Street Address (P.O. Box Numb	

Country

3.	The above named entity submits this st	tatement for the p	ourpose of changing	its registered office or i	registered agent, or	r both, in the State	of Florida	Lem familiar wit	h and accent
	the obligations of registered agent.				-3		or riorida.		ii, and accept
		-	** j.						
							•	-	

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

\$5.00 May Be

Make Check	k Payable to Florida Department of State			Added to Fees
10.	OFFICERS AND DIRECTO	PRS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
*TITLE *NAME STREET ADDRESS *CITY-ST-ZIP	P STANISH, WILLIAM A., JR. 6207 28 ST E BRADENTON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STANISH, WILLIAM A., SR. 2007 YALE AVE BRADENTON FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP