

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V02783

1. Entity Name
STATEN, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90024 013 ***150.00

Principal Place of Business

Mailing Address

252 SHORE DR
DESTIN FL 32541
US

PO BOX 470453
CELEBRATION FL 34747-0453
US

2. Principal Place of Business

3. Mailing Address

227 CELEBRATION BLV

PO BOX 470453

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CELEBRATION, FL

City & State

CELEBRATION, FL

Zip

Country

34747

USA

Zip

Country

34747

USA

4. FEI Number

59-3102731

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

STATEN, JOHN H
252 SHORE DRIVE
DESTIN FL 32541

Name

STATEN, JOHN H

Street Address (P.O. Box Number is Not Acceptable)

227 CELEBRATION BLVD.

City

CELEBRATION

FL

Zip Code

34747

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

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

JOHN H. STATEN PRESIDENT 4-10-2000
(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, 2000 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** ☐ Delete
NAME **STATEN, JOHN**
STREET ADDRESS **252 SHORE DR**
CITY-ST-ZIP **DESTIN FL**

TITLE **SAME** ☒ Change ☐ Addition
NAME **STATEN, JOHN**
STREET ADDRESS **227 CELEBRATION BLV**
CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE **D** ☐ Delete
NAME **STATEN, MARY ANNA**
STREET ADDRESS **252 SHORE DR**
CITY-ST-ZIP **DESTIN FL**

TITLE **SAME** ☒ Change ☐ Addition
NAME **STATEN, MARY ANNA**
STREET ADDRESS **227 CELEBRATION BLV**
CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 empowerments.

SIGNATURE:

John H. Staten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. STATEN
4-10-2000

Date

407-566
0665

Daytime Phone #

CR2E034 (9/99)