

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90136 045 ***150.00

DOCUMENT # V02783

1. Entity Name
STATEN, INC.



Principal Place of Business
**3409 CLEVELAND HGTS BLVD
LAKELAND FL 33803
US**

Mailing Address
**3409 CLEVELAND HGTS BLVD
LAKELAND FL 33803
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3102731**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~227 CELEBRATION BLVD~~
CELEBRATION FL 34747

New address only

Name

STATEN, JOHN H

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

217 ACADIA TERRACE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STATEN, JOHN	
STREET ADDRESS	227 CELEBRATION BLVD	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	STATEN, MARY ANNA	
STREET ADDRESS	227 CELEBRATION BLVD	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Address change only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	217 ACADIA TERRACE	
STREET ADDRESS	CELEBRATION, FL 34747	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	217 ACADIA TERRACE	
STREET ADDRESS	CELEBRATION, FL 34747	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

3-17-03 863-646-6663

Date

Daytime Phone #

CR2FD34 (10/02)