

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38413

1. Entity Name

STETSON & ASSOCIATES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90048 041 ***158.75

Principal Place of Business

Mailing Address

6205 GREENLEAF LANE
TEMPLE TERRACE FL 33617
US

6205 GREENLEAF LANE
TEMPLE TERRACE FL 33617-1721
US

2. Principal Place of Business

3. Mailing Address

6205 GREENLEAF LN.

6205 GREENLEAF LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TEMPLE TERRACE FL.

TEMPLE TERRACE FL.

Zip

Country

Zip

Country

33617

US

33617

US

4. FEI Number

59-3180859

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

MARTIN, DALE K
301 BAHAMAS AVE.
TEMPLE TERRACE FL 33617

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, 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 ☐ Delete

NAME STETSON, DANIEL E

STREET ADDRESS 8132 PURPLE MARTIN

CITY-ST-ZIP ZEPHYRHILLS FL

TITLE ☐ Delete

NAME STETSON, REGINA

STREET ADDRESS 8132 PURPLE MARTIN

CITY-ST-ZIP ZEPHYRHILLS FL

TITLE ☐ Delete

NAME MARTIN, DALE K

STREET ADDRESS 301 BAHAMAS AVE

CITY-ST-ZIP TEMPLE TERRACE FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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 empowered.

SIGNATURE:

Dale K Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)