

FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90434 024 ***150.00

DOCUMENT # V 48096

1. Entity Name

SUNILAND STATIONERY, INC.



DO NOT WRITE IN THIS SPACE

80088677

2. Principal Place of Business

12615 S.W. 78 Ave

Suite, Apt. #, etc.

3. Mailing Address

12615 S.W. 78 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pinecrest, FL

City & State

Pinecrest FL

4. FEI Number

65-0346565

Applied For

Not Applicable

Zip

33156

Country

MIAMI-DADE

Zip

33156

Country

MIAMI-DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STEHLE, JAMES A., JR.

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

12615 S.W. 78 Ave

City

Pinecrest

FL

Zip Code

33156

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

James A. Stehle Jr. P.T.

4/16/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
STEHLE, JAMES A., JR.
12615 S.W. 78 Ave
Pinecrest, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
STEHLE, BARBARA C.
12615 S.W. 78 Ave
Pinecrest, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE:

James A. Stehle Jr. P.T.

4/16/2003

305-218-7975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)