

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02915

FILED
Jan 16, 2002 8:00 AM
Secretary of State

Entity Name: H. JAMES STEVENSON, P.A.

Current Principal Place of Business:

3430 GALT OCEAN DRIVE
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

3430 GALT OCEAN DRIVE
709
FORT LAUDERDALE, FL 33308

Current Mailing Address:

3430 GALT OCEAN DRIVE
FORT LAUDERDALE, FL 33308

New Mailing Address:

3430 GALT OCEAN DRIVE
709
FORT LAUDERDALE, FL 33308

FEI Number: 59-2033948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENSON, H. JAMES
3430 GALT OCEAN DR., APT. 709
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEVENSON, BENJAMIN J
Address: 3480 GALT OCEAN DR #709
City-St-Zip: FT LAUDERDALE, FL 33308

Title: PD () Delete
Name: STEVENSON, JAMES H,
Address: 3430 GALT OCEAN DR.#709
City-St-Zip: FT LAUDERDALE, FL 00000,

Title: D () Delete
Name: STEVENSON, MARY ANN
Address: 3430 GALT OCEAN DRIVE
City-St-Zip: FORT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: STEVENSON, JAMES H,
Address: 3430 GALT OCEAN DR.#709
City-St-Zip: FT LAUDERDALE,, FL 33308

Title: D (X) Change () Addition
Name: STEVENSON, MARY ANN
Address: 3430 GALT OCEAN DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. JAMES STEVENSON

PD

01/16/2002

Electronic Signature of Signing Officer or Director

_____ Date