

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90054 027 \*\*\*150.00

**DOCUMENT #** S93669**1. Entity Name**

STEVO, INC.

**Principal Place of Business****Mailing Address**301 S.E. 4th Street  
Boynton Beach, Florida 33435**2. Principal Place of Business****3. Mailing Address**

1934 Commerce Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City &amp; State

City &amp; State

Jupiter, Florida

Zip

Country

Zip

33458

Country

USA

**4. FEI Number**

65-0306864

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**Keith A. Seldin  
1934 Commerce Lane, Suite 2  
Jupiter, Florida 33458

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	VP/D	<input type="checkbox"/> Delete
NAME	Robert Stephens	
STREET ADDRESS	301 S.E. 4th Street	
CITY-ST-ZIP	Boynton Beach, Fl. 33435	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	Francis B. Volpe	
STREET ADDRESS	301 S.E. 4th Street	
CITY-ST-ZIP	Boynton Beach, Florida 33435	
TITLE	S	<input type="checkbox"/> Delete
NAME	Christine Volpe	
STREET ADDRESS	301 S.E. 4th Street	
CITY-ST-ZIP	Boynton Beach, Florida 33435	
TITLE	T	<input type="checkbox"/> Delete
NAME	Tina Stephens	
STREET ADDRESS	301 S.E. 4th Street	
CITY-ST-ZIP	Boynton Beach, Florida 33435	
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"/> 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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tina Stephens 2/29/00  
treasure

(561) 732-9418

CR2E034 (9/99)