

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
 05-19-2000 90035 019 ***150.00

DOCUMENT # 573981

1. Entity Name
STEVENS ON DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

4 WEST OAK STREET
 SUITE D
 ARCADIA FL 34266
 US

4 WEST OAK STREET
 SUITE D
 ARCADIA FL 34266-3971
 US

2. Principal Place of Business

3. Mailing Address

1874 NW County Rd 661
 Suite, Apt. #, etc.

1874 NW County Rd 661
 Suite, Apt. #, etc.

City & State
 Arcadia, FL

City & State
 Arcadia, FL

4. FEI Number **59-1933973**

Applied For
 Not Applicable

Zip
 34266

Country
 US

Zip
 34266

Country
 US

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

~~FLETCHER, BROWN
 125 NORTH BREVARD AVENUE
 ARCADIA FL 34266~~

Name **Brewer, Walter**

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

2548 S.W. Co. Rd 760

City **Nocatee, FL** Zip Code **34268**

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 **WALTER Brewer**

4/28/00

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	PD	<input type="checkbox"/> Delete
NAME	STEVENS ON, LEE A.	
STREET ADDRESS	1874 NW CR 661	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	STEVENS ON, CHRISTOPHER C	
STREET ADDRESS	1874 NW CR 661	
CITY-ST-ZIP	ARCADIA FL 34266	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 of the assets 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 **4/28/00** Daytime Phone # **813-494-2100**

CR2E034 (9/99)