2002 Uniform Business Report (UBR)

Mar 13, $\overline{2002}$ 8:00 am DOCUMENT # 198466 **Secretary of State** 1. Entity Name 03-13-2002 90070 011 ***150.00 STEPHENSON MANOR HOMES INC Principal Place of Business Mailing Address JAMES F STEPHENSON JAMES F STEPHENSON 6501-25TH WAY, S., STE.B 6501-25TH WAY, S..STE.B ST PETERSBURG FL 33712 ST PETERSBURG FL 33712 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-0822754 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEPHENSON, JAMES F., JR.-Street Address (P.O. Box Number is Not Acceptable) 6501-25TH WAY, S., STE.B ST PETERSBURG FL 33712 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) ☐ Addition ☐ Change ☐ Delete TITLE TITLE STEPHENSON, JAMES F., JR NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 6501-25TH WAY S.,STE.B CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP Change ☐ Addition TITLE **VTD** ☐ Delete TITLE NAME JOYNER, CAROL S. NAME STREET ADDRESS STREET ADDRESS 6501-25TH WAY S.,STE,B CITY-ST-7IP ST PETERSBURG FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PESSINA, LISA S. NAME STREET ADDRESS 6501-25TH WAY S..STE.B STREET ADDRESS -CITY-ST-ZIP--CITY-ST-ZIP ST PETERSBURG FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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

P. Carol S. Joyner 3 28 102 (27) 86-8416

an address, with all other like empowered

changed, or on an attachment will

FILED