

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 20, 2000 08:00 AM****Secretary of State****DOCUMENT # 202885**

1. Entity Name

R C STEVENS CONSTRUCTION COMPANY

Principal Place of Business

3333 LAWRENCE AVE.

ORLANDO

32855

FL

US

Mailing Address

PO BOX 555688

ORLANDO FLA

32855

US

2. Principal Place of Business

3333 LAWRENCE AVE.

3. Mailing Address

PO BOX 555688

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

ORLANDO

FL

City &amp; State

ORLANDO

FL

4. FEI Number

**59-0805208**

Applied For

Not Applicable

Zip

32805

Country

US

Zip

32855

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

SMITH DAVID J  
3333 LAWRENCE AVE.

ORLANDO

32855

FL

US

Name

SMITH DAVID J

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

3333 LAWRENCE AVE.

City

ORLANDO

**FL**Zip Code  
32805

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 **DAVID J. SMITH****04/20/2000**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
ST	ABELL STEPHANIE B	14424 TILDEN RD	WINTER GARDEN FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
PD	SMITH, DAVID J	4146 CONWAY PLACE CIRCLE	ORLANDO, FL 00000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PTD	SMITH DAVID J	4146 CONWAY PLACE CIRCLE ORLANDO FL 32812
D	STEVENS, J ALLYN	2919 NELA AVE	ORLANDO, FL 00000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	STEVENS ALLYN J	1871 TURNBERRY TERRACE ORLANDO FL 32804
VD	KEATING, TIMOTHY M.	802 TILDENVILLE SCHOOL ROAD	WINTER GARDEN FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VSD	KEATING TIMOTHY M	802 TILDENVILLE SCHOOL ROAD WINTER GARDEN FL 347873027
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: DAVID J. SMITH

PRES. 04/20/2000