

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90449 005 ***150.00

DOCUMENT # 352014

1. Entity Name **Mary A. Stevens Corporation**

DO NOT WRITE IN THIS SPACE

B0064396

2. Principal Place of Business
2275 Canoe Creek Road

3. Mailing Address
2275 Canoe Creek Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Cloud, FL

City & State
St. Cloud, FL

4. FEI Number
59-1592505

Applied For
Not Applicable

Zip
34769

Country
USA

Zip
34769

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Gertrude Stevens

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

2275 Canoe Creek Road

City
St. Cloud

FL

Zip Code
34769

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.

Sec. /Treas.

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sec. /Treas./Board of Directors
Gertrude Stevens
2275 Canoe Creek Road
St. Cloud, FL 34769**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Pres./Board of Directors
William A. Stevens
4109 Stevens Road
St. Cloud, FL 34769**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice Pres./Board of Directors
Wesley Duane Stevens
3931 Eagles Nest Road
Fruitland Park, FL 34731**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gertrude Stevens

Gertrude Stevens

Sec. /Treas.

4/3/02 407-892-2872

Date

Daytime Phone #

CR2E034B (12/01)