

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90124 031 ***150.00

DOCUMENT # 508099

1. Entity Name

STEVENS LIGHTING SUPPLY, INC.

Principal Place of Business

12880-A AUTOMOBILE BLVD
STE A
CLEARWATER FL 33762
US

Mailing Address

P.O. BOX 1908
PINELLAS PARK FL 33780-1908
US

2. Principal Place of Business

4505 181ST AVE N.

Suite, Apt. #, etc.

UNIT 12

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip

33762

Country

Zip

Country

4. FEI Number

59-1689491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVENS, PEGGY A
12880-A AUTOMOBILE BLVD
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name

ED MILLER

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

4505 181ST AVE N.

City

CLEARWATER

FL

Zip Code

33762

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

4/6/01

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, 2001 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

TITLE PD
NAME HAVERLAND, GARRY J
STREET ADDRESS 12880-A AUTOMOBILE BLVD
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete

TITLE ST
NAME STEVENS, PEGGY A.
STREET ADDRESS 12880-A AUTOMOBILE BLVD
CITY-ST-ZIP CLEARWATER FL 33762 ☒ Delete

TITLE D
NAME PUCKETT, BRENDA
STREET ADDRESS 100 AMIGO RD
CITY-ST-ZIP DANVILLE CA ☐ Delete

TITLE D
NAME HAVERLAND, ROSEMARY
STREET ADDRESS 12880-A AUTOMOBILE BLVD
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME HAVERLAND, GARRY J
STREET ADDRESS 184 GAMMA WAY
CITY-ST-ZIP TUSTIN, CA 92782 ☒ Change ☐ Addition

TITLE SECRETARY/TREASURER
NAME GARY E BOYER
STREET ADDRESS 4524 N BLOOMSBERRY UNIT A
CITY-ST-ZIP ORANGE, CA 92669 ☐ Change ☐ Addition

TITLE DIRECTOR
NAME PUCKETT BRENDA
STREET ADDRESS 100 AMIGO RD
CITY-ST-ZIP DANVILLE, CA 94526 ☒ Change ☐ Addition

TITLE DIRECTOR
NAME HAVERLAND ROSEMARY
STREET ADDRESS 18646 MORRIS HILL DR
CITY-ST-ZIP WHITTIER, CA 90601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARRY J HAVERLAND

Date

Daytime Phone #

2-1-01 **(727)** **573-4525**

CR2E034 (10/00)