

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90063 027 ***150.00

DOCUMENT # 616462

1. Entity Name
STEPHENSON'S MOBILE HOME SERVICE, INC.

Principal Place of Business 1928 MYRTLE LAKE AVE FRUITLAND FL 34731-6515	Mailing Address 1928 MYRTLE LAKE AVE FRUITLAND FL 34731-6515
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1910570	Applied For
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		Not Applicable	

6. Name and Address of Current Registered Agent

STEPHENSON, TERRY L
09128 MYRTLE AVE
FRUITLAND PARK FL 32731

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEPHENSON, TERRY L		NAME	
STREET ADDRESS 09128 MYRTLE LAKE AVE		STREET ADDRESS	
CITY-ST-ZIP FRUITLAND PARK FL		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEPHENSON, DOROTHY		NAME	
STREET ADDRESS 2200 BUTLER ST.		STREET ADDRESS	
CITY-ST-ZIP LEESBURG FL		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEPHENSON, JUDY		NAME	
STREET ADDRESS 09128 MYRTLE LAKE AVE		STREET ADDRESS	
CITY-ST-ZIP FRUITLAND PARK FL		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEPHENSON, ROBBY		NAME	
STREET ADDRESS 09128 MYRTLE LAKE AVE		STREET ADDRESS	
CITY-ST-ZIP FRUITLAND PARK FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terry L Stephenson* Date: **4.30.2001** Daytime Phone #: **(352) 267-4039**

CR2E034 (10/00)