

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90157 004 \*\*\*150.00

0419019 AV

**DOCUMENT # 686984**

1. Entity Name  
**STEPHENS CITRUS INC.**



Principal Place of Business  
**1811 NORTH J TERR  
LAKE WORTH FL 33460**

Mailing Address  
**1811 NORTH J TERR  
LAKE WORTH FL 33460**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **37-1089545**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**TAYLOR, DORTHY PEARCE  
1811 NORTH J TERR  
LAKE WORTH FL 33460**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                  | STREET ADDRESS          | CITY-ST-ZIP        |                                 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |   |
|-------|-----------------------|-------------------------|--------------------|---------------------------------|-------|------|----------------|-------------|---|
| PD    | STEPHENS, COURTNEY P. | 2862 E 2400TH ST        | BOWEN IL 62316     | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STD   | STEPHENS, MARGARET L. | 2862 E 2400TH ST        | BOWEN IL 62316     | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VD    | STEPHENS, DAVID P.    | 2876 E 2400TH ST        | BOWEN IL 62316     | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VD    | STEPHENS, PAUL A.     | 1124 PRAIRIE LANE SOUTH | PRINCETON IL 61356 | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D     | STEPHENS, BETH L.     | 2876 E 2400TH ST        | BOWEN IL 62316     | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                       |                         |                    | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *Courtney P. Stephens* **REQUIRED** **Courtney P. Stephens, Pres. 01/29/03 217-842-5575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)