

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F71489**

1. Entity Name

STEVENS, E., INC.**FILED****Mar 21, 2000 8:00 am**
Secretary of State

03-21-2000 90041 026 ***150.00

Principal Place of Business

Mailing Address

8325 COUNTRY RD 136
LIVE OAK FL 32060
US8325 COUNTRY RD. 136
LIVE OAK FL 32060
US

2. Principal Place of Business

3. Mailing Address

1228 S. Conway Rd.

1228 S. Conway Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FloridaCity & State
Orlando, Florida

4. FEI Number

59-2296609

Applied For

Not Applicable

Zip
32812Country
U.S.Zip
32812Country
U.S.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

STEVENS, ELIZABETH
8325 CR 136
ORLANDO, FL
LIVE OAK FL 32060

Name

Guy T. Kemp

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

1228 S. Conway Rd.

City Orlando, Florida

FL

32812

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

3/17/00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PVS	STEVENS, ELIZABETH	8325 COUNTRY RD. 136	LIVE OAK FL	<input checked="" type="checkbox"/>	P, S/T	Guy T. Kemp	1228 S. Conway Rd.	Orlando, Florida 32812	<input type="checkbox"/>	<input type="checkbox"/>
V	KEMP, GUY T	1228 S CONWAY RD	ORLANDO FL	<input checked="" type="checkbox"/>	V	Lynda S. Short	12725 Windy Pines Way	Charlotte, N.C. 28134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

3/17/00 407-858-8317

CR2E034 19/99