

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90164 028 ***150.00

DOCUMENT # **F71409**

1. Entity Name

Stevens, E., Inc.

Principal Place of Business

**1228 S. Conway Rd.
 Orlando, Fl. 32812**

Mailing Address

**8325 County Rd. 136
 Live Oak, Fl. 32060**

2. Principal Place of Business

1228 S. Conway Rd.

Suite, Apt. #, etc.

3. Mailing Address

8325 County Rd. 136

Suite, Apt. #, etc.

City & State

Orlando, Fl.

City & State

Live Oak, Fl. 32060

4. FEI Number

59-2296609

Applied For

Not Applicable

Zip

32812

Country

Orange U.S.

Zip

32060

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**Guy T. Kemp
 1228 S. Conway Rd.
 Orlando, Fl. 32812**

7. Name and Address of New Registered Agent

Name **Elizabeth Stevens**
 Street Address (P.O. Box Number is Not Acceptable)
8325 County Rd. 136
 City **Live Oak.** **FL** Zip Code **32060**

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 **Elizabeth Stevens**

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) ☐

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 **President** ☐ Delete
 NAME **Guy T. Kemp**
 STREET ADDRESS **1228 S. Conway Rd.**
 CITY-ST-ZIP **Orlando, Fl. 32060**

TITLE **V** ☐ Delete
 NAME **Lynda S. Short**
 STREET ADDRESS **1530 Kellen Way Apt. 617**
 CITY-ST-ZIP **Charlotte, N.C. 28226**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1530 Kellen Way Apt. 617**
 CITY-ST-ZIP **Charlotte, N.C. 28226**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Guy T. Kemp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 407-898-8317

CR2E034 (11/00)