

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **F98000003522**

1. Entity Name

STEPHENSON INTERIORS, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 AM 9:20

Principal Place of Business

**30 TERRACE AVE.
NIANTIC CT 06357**

Mailing Address

**30 TERRACE AVE.
NIANTIC CT 06357**

2. Principal Place of Business

5548 Shadow Lawn DR.

3. Mailing Address

5548 Shadow Lawn DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL.

City & State

SARASOTA FL.

4. FEI Number

06-1337333

Applied For

Not Applicable

Zip

Country

SARASOTA

Zip

34242

Country

SARASOTA5. 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

Name

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

City

FL

Zip Code

**STEPHENSON, HARRIET
5548 SHADOW LAWN DR.
SARASOTA FL 34242-1835**

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

Harriet D. Stephenson

(NOTE: Registered Agent signature required when reinstating)

9/5/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPT	<input type="checkbox"/> Delete
NAME	STEPHENSON, HARRIET	
STREET ADDRESS	30 TERRACE AVE.	
CITY-ST-ZIP	NIANTIC CT 06357	

TITLE	CVS	<input type="checkbox"/> Delete
NAME	STEPHENSON, ROGER	
STREET ADDRESS	30 TERRACE AVE.	
CITY-ST-ZIP	NIANTIC CT 06357	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/01

941-312-9072

CR2E034 (5/01)