

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

FILED
May 03, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **G 02561**

1. Entity Name

STANDARD PLANS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2155 N. STATE RD 7

Suite, Apt. #, etc.

PO. Box 8278

City & State

MARGATE, FL

Zip

Country

3306

3. Mailing Address

2155 N. STATE RD 7

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

Country

3306

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2280057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WALTER STEVENS

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

2155 N. STATE ROAD 7

City

MARGATE

FL

Zip Code

33063

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STEVENS, WALTER
2155 N. STATE RD 7
MARGATE, FL 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700005554367--5
-05/16/02--01028--004
****150.00 ****150.00**

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IN THIS SPACE**

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 667, Florida Statutes; and that my name appears in Block 11 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 #

CR2E034B (12/01)