

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90088 012 ***150.00

DOCUMENT # J34929

1. Entity Name

STEVENS & ASSOCIATES, INC.

Principal Place of Business

~~5826 CORP. CIRCLE~~
~~FORT MYERS FL 33905~~

Mailing Address

~~5826 CORP. CIRCLE~~
~~FORT MYERS FL 33905~~

2. Principal Place of Business

8380 Glenfinnan Cir
Suite, Apt. #, etc.

3. Mailing Address

8380 Glenfinnan Cir
Suite, Apt. #, etc.

City & State

Ft Myers, FL

City & State

Ft. Myers, FL

Zip

33912

Country

Lee

Zip

33912

Country

Lee

4. FEI Number

59-2724679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVENS, DAVID R.
~~5826 CORPORATION CIRCLE~~
~~FORT MYERS FL 33905~~

7. Name and Address of New Registered Agent

Name

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

8380 Glenfinnan Cir

City

Ft Myers

FL

Zip Code

33912

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)

4/17/02
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, 2002 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 **PSD** ☐ Delete
NAME **STEVENS, DAVID R.**
STREET ADDRESS **8380 GLENFINNAN CIRCLE**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **VD** ☐ Delete
NAME **STEVENS, JANICE A.**
STREET ADDRESS **8380 GLENFINNAN CIRCLE**
CITY-ST-ZIP **FT. MYERS FL**

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
CITY-ST-ZIP

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

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CITY-ST-ZIP

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)(l), 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

4/17/02

Date

(941) 671-9210

Daytime Phone #

CR2E034 (9/01)