

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90838 040 ***150.00

DOCUMENT # J41850

1. Entity Name
STEPHEN LLOYD INC.



Principal Place of Business
STEPHEN LLOYD INC
374 E PALMETTO PK RD
BOCA RATON FL 33432
US

Mailing Address
STEPHEN LLOYD INC
374 E PALMETTO PK RD
BOCA RATON FL 33432
US

60006833



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
33 SE 5TH ST. SUITE 100

Suite, Apt. #, etc.
33 SE 5TH ST. SUITE 100

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33432

Country
USA

Zip
33432

Country
USA

4. FEI Number
58-1709853

Applied For
Not Applicable

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

LLOYD, STEPHEN
374 E PALMETTO PK RD
BOCA RATON FL 33432

Name

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

33 SE 5TH ST. SUITE 100

City

BOCA RATON

FL

Zip Code

33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LLOYD, STEPHEN
374 E PALMETTO PK RD
BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LLOYD, STEPHEN
33 SE 5TH ST. SUITE 100
BOCA RATON, FL 33432

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 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

1-8-03

Date

(561) 368-0102

Daytime Phone #