

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90174 033 ***150.00

DOCUMENT # K61972

1. Entity Name

STEVENS' AUTO TRIM, INC.

Principal Place of Business

Mailing Address

3500 ALWANHE
 BLDG D STE O
 WINTER PK FL 32792
 US

3500 ALWANHE
 BLDG D STE O
 WINTER PARK FL 32792
 US

2. Principal Place of Business

3. Mailing Address

3500 ALOMA AVE

Suite, Apt. #, etc.

BLDG D STE B

Suite, Apt. #, etc.

City & State
 WINTER PARK FL

City & State

Zip

Country

Zip

Country

32792

4. FEI Number

65-0093557

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

STEVENS, RICKY L.
 336 S. LOST LAKE LANE
 CASSELBERRY FL 32707

Name

Ricky L. STEVENS

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

2361 WASSUM TR.

City

Chuluota

FL

Zip Code

32766

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

4-26-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STEVENS, RICKY L.	
STREET ADDRESS	336 S. LOST LAKE LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEVENS, SHARON	
STREET ADDRESS	336 S. LOST LAKE LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	T	<input type="checkbox"/> Delete
NAME	KEPNER, KIRBY	
STREET ADDRESS	750 NW 7TH DR	
CITY-ST-ZIP	BOCA RATON FL 33332	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

407-673-4636

Daytime Phone #

CR2E034 (9/99)