

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90018 015 ***150.00

0436792

DOCUMENT # K81943

1. Entity Name

STEPHENSON PUBLISHING COMPANY, INC.

Principal Place of Business

1244 BELL AVENUE
FT. PIERCE FL 34982

Mailing Address

1244 BELL AVENUE
FT. PIERCE FL 34982

944880

2. Principal Place of Business

325 N. F.F.A. Rd

3. Mailing Address

325 N. F.F.A. Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. PIERCE, FL

City & State

FT. PIERCE, FL

4. FEI Number

65-0108645

Applied For

Not Applicable

Zip

34945

Country

U.S.A

Zip

34945

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, R P
1244-BELL AVE.
FT. PIERCE FL 34982

7. Name and Address of New Registered Agent

Name

STEPHENSON, R.P.

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

325 N. F.F.A. Rd

City

FT. PIERCE

FL

Zip Code

34945

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 R.P. STEPHENSON

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

R.P. Stephenson

(NOTE: Registered Agent signature required when reinstating)

4-9-01

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 \$150.00

After MAY 1, 2001 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 PD
NAME STEPHENSON, R. PAMELA
STREET ADDRESS 1244-BELL AVE.
CITY-ST-ZIP FT. PIERCE FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 325 N. F.F.A. Rd
CITY-ST-ZIP FT. PIERCE, FL 34945

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

R. Pamela Stephenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01 561-465-1865

Date

Daytime Phone #

CR2E034 (10/00)