FROM : ORTIZ,G FAX NO. : 3527322000

FILED
Jul 11, 2002 8:00 am
Secretary of State
05-22-2002 90254 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003504

1. Entity Name
Stverson Limited Lability Company

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[redacted]

97033

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
2226 E Silver Springs Blvd Suite D	2226 E Silver Springs Blvd Suite D	59-3638473	Applied For / Not Applicable
City & State: Ocala FL	City & State: Ocala FL		
Zip: 34470 Country: US	Zip: 34470 Country: US	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SCOTT Stverson
Address (P.O. Box Numbers Not Acceptable): 2226 E Silver Springs Blvd.
Suite D
City: Ocala FL FL Zip Code: 34470

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: Scott Stverson SCOTT Stverson 4-30-02
(Signature of person authorized to change registered agent or registered office information) (NOTE: Registered Agent signature required when changing agent) 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	Owner
NAME	SCOTT Stverson
STREET ADDRESS	812 SE 49th Ave
CITY-ST-ZIP	Ocala, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 an attachment with an address, with all other like empowered.

SIGNATURE: Scott Stverson SCOTT Stverson 4-30-02 352-369-8991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #