2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90222 044 ***150.00

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UUUJU/U7

DO NOT WRITE IN THIS SPACE

DOCUMENT # L36759

1. Entity Name
STEVENSON DESIGN GROUP, INC.

Principal Place of Business	Mailing Address
2499 GLADES ROAD SUITE 210 BOCA RATON FL 33431 US	%BOB BOLEN 800 S. RIO VISTA BLVD. FT. LAUDERDALE FL 33316

2. Principal Place of Business		3. Mailing Address	
		c/o BOB BOLEN	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1101 S.E. 8th STREET	
City & State		City & State FT. LAUDERDALE, FL	
Zip	Country	Zip 33316	Country BROWARD

4. FEI Number 65-0159116 ☐ 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
BOLEN, ROBERT A 800 S. RIO VISTA BLVD. FT. LAUDERDALE FL 33316	Name BOLEN, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 1101 S.E. 8th STREET City FT. LAUDERDALE, FL FL Zip Code 33316

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 Robert A. Bolen ROBERT A. BOLEN 1-16-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRUBER, SANDRA		NAME		
STREET ADDRESS	2499 GLADES RD., STE. 210		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP		
TITLE	PVD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHEFAN, JUDY		NAME		
STREET ADDRESS	2499 GLADES RD., STE. 210		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: Judy Chefan 4/25/01 561-361-0720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #