FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90141 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36759

1. Entity Name

STEVENSON DESIGN GROUP INC.

653210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
600 FAIRWAY DRIVE	600 FAIRWAY DRIVE
Suite, Apt. #, etc.: SUITE 103-B	Suite, Apt. #, etc.: SUITE # 103-B
City & State: DEERFIELD BCH, FL	City & State: DEERFIELD BCH, FL
Zip: 33441 Country: US.	Zip: 33441 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0159116 ☐ Applied For ☐ Not Applicable

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: BOLEN, ROBERT A.

Street Address (P.O. Box Number is Not Acceptable): 1101 SE 8th ST.

City: FT. LAUDERDALE **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 _____
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) ☐

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	PVD
NAME	CHEFAN, JUDY
STREET ADDRESS	600 FAIRWAY DR. # 103-B
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: Judy Chefan Judy Chefan 4/25/02 954-571-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #