

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97200

1. Entity Name

STEPHENSON MERCHANDISING & MARKETING INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90119 039 ***150.00

Principal Place of Business

Mailing Address

20535 N.W. 2ND AVE.
STE 207
MIAMI FL 33169
US

20535 N.W. 2ND AVE.
STE 207
MIAMI FL 33169
US

2. Principal Place of Business

4785 Tree Fern Drive

Suite, Apt. #, etc.

3. Mailing Address

4785 Tree Fern Drive

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

U.S.

City & State

Delray Beach, FL

Zip

33445

Country

U.S.

4. FEI Number

65-0230326

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

STEPHENSON, DINAH S.
10 FAIRWAY DR
STE #211
DEERFIELD BEACH FL 33441

Name

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

4785 Tree Fern Drive

City

Delray Beach

FL

Zip Code

33445

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

Dinah Stephenson Dinah Stephenson

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

(NOTE: Registered Agent signature required when reinstating)

4/27/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME STEPHENSON, DWIGHT
STREET ADDRESS 15476 NW 77TH CT #314
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE DTSV ☐ Delete
NAME STEPHENSON, DINAH S.
STREET ADDRESS 15476 NW 77TH CT #314
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4785 Tree Fern Drive
CITY-ST-ZIP Delray Beach, FL 33445

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4785 Tree Fern Drive
CITY-ST-ZIP Delray Beach, FL 33445

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Dinah Stephenson Dinah Stephenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

DATE

561-368-8621

Daytime Phone #

CR2E034 (10/00)