2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2003
Secretary of State

DOCUMENT# M81072

Entity Name: JAMES W. STEVENSON, P.A.

Current Principal Place of Business:

C/O JAMES W. STEVENSON
2425 W. S.R. 434, STE 163
LONGWOOD, FL 32779

New Principal Place of Business:

C/O JAMES W. STEVENSON
2425 W. S.R. 434, STE 163
LONGWOOD, FL 32779 US

Current Mailing Address:

C/O JAMES W. STEVENSON
2425 W. S.R. 434, STE 163
LONGWOOD, FL 32779

New Mailing Address:

C/O JAMES W. STEVENSON
2425 W. S.R. 434, STE 163
LONGWOOD, FL 32779 US

FEI Number: 65-0049891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENSON, JAMES W.
104 WILD FERN DRIVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STEVENSON, JAMES W.,
Address: 104 WILD FERN DRIVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. STEVENSON PD 04/20/2003
Electronic Signature of Signing Officer or Director Date