

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000961

1. Entity Name

STEVENS CONSULTANT SERVICES, LLC

Principal Place of Business

3717 GREENHILL DR.
CHAMBLEE GA 30341

Mailing Address

3717 GREENHILL DR.
CHAMBLEE GA 30341-1811

2. Principal Place of Business

3108 Madison Drive

3. Mailing Address

PO Box 28663

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlanta GA

City & State

Atlanta GA

Zip

30346

Country

USA

Zip

30358

Country

USA

4. FEI Number

58-2399207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEVENS, SCOTT NDC
2727 ULMERTON RD., STE 230
CLEARWATER FL 33762

520 Santa Rosa Blvd.
#414
Ft. Walton Beach, FL 32548

7. Name and Address of New Registered Agent

Name

Scott Stevens

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

520 Santa Rosa Blvd., #414

City

Fort Walton Beach

FL

Zip Code

32548

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.

Scott Stevens - Managing Member

(NOTE: Registered Agent signature required when reinstating)

4/27/00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM STEVENS, SCOTT
STREET ADDRESS BOX 28663
CITY - ST - ZIP ATLANTA GA 30358 ☐ Delete

TITLE NAME MGRM VOGHT, RAYMOND C IV
STREET ADDRESS P.O. BOX 420321
CITY - ST - ZIP ATLANTA GA 30342 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900003250009-3
CITY - ST - ZIP -05/12/00--01024--018
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00

Date

(770) 396-4333

Daytime Phone #