

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000961

1. Entity Name

STEVENS CONSULTANT SERVICES, LLC

Principal Place of Business

3108 MADISON DRIVE
ATLANTA GA 30346

Mailing Address

P.O. BOX 28663
ATLANTA GA 30358

2. Principal Place of Business

520 Santa Rosa Blvd.

Suite, Apt. #, etc.

414

3. Mailing Address

520 Santa Rosa Blvd.

Suite, Apt. #, etc.

414

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

Zip

32548

Country

USA

Zip

32548

Country

USA

4. FEI Number

58-2399207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVENS, SCOTT

520 SANTA ROSA BLVD., SUITE 414

FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

800004036418--6

-04/20/01--01106--029

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME STEVENS, SCOTT
STREET ADDRESS ~~BOX 28663~~ 520 Santa Rosa Blvd., Suite 414
CITY-ST-ZIP ATLANTA GA ~~30358~~ Fort Walton Beach, FL 32548

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

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

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME STEVENS, SCOTT
STREET ADDRESS 520 Santa Rosa Blvd., Suite 414
CITY-ST-ZIP Fort Walton Beach, FL 32548

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

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

TITLE ☐ Change ☐ Addition
NAME
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/30/01

Date

(404) 663-1425

Daytime Phone #

CR2E083 (11/00)

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