

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 16 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013622

1. Entity Name

RICHARD L. STEVENS, CPA, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19314 WIND DANCER ST
Suite, Apt. #, etc.

3. Mailing Address

19314 WIND DANCER ST
Suite, Apt. #, etc.

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

City & State

LUTZ, FL

City & State

LUTZ, FL

4. FEI Number

59-3648621

Applied For

Not Applicable

Zip

33558

Country

USA

Zip

33558

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD L. STEVENS

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

19314 WIND DANCER ST

City

LUTZ

FL

Zip Code

33558

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

Richard L. Stevens

RICHARD L. STEVENS

4/27/02

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
RICHARD L. STEVENS
19314 WIND DANCER ST.
LUTZ, FL 33558

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100006468921--8
-07/17/02--01052--008
***308.75 ***308.75

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Richard L. Stevens

RICHARD L. STEVENS

4/27/02

(813) 789-8075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)