FROM : ORTIZ,G FAX NO. : 3527322000

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91166 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019415

1. Entity Name
Stiverson Properties Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2222 e Silver Springs Blvd
Suite, Apt. #, etc. D
City & State OCALA FL
Zip 34470 County US

3. Mailing Address
2222 e Silver Springs Blvd
Suite, Apt. #, etc. D
City & State OCALA FL
Zip 34470 County US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3638472 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name George Ortiz
Street Address (P.O. Box Numbers Not Acceptable)
1515 e Silver Springs Blvd
Suite 128
City OCALA FL Zip Code 34470

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 SCOTT Stiverson SCOTT Stiverson 4-30-02
Signature, typed or printed name of Registered Agent and date if applicable. (NOTE: Registered Agent signature required when item 8 is filled) 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	Owner
NAME	SCOTT Stiverson
STREET ADDRESS	812 SE 49th Ave
CITY-ST-ZIP	OCALA FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Stiverson SCOTT Stiverson 4-30-02 352-369-8091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #