

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90048 001 ***150.00

0005242 AV

DOCUMENT #

P00000069990

1. Entity Name

STEVENS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

14750 RICE RD

JACKSONVILLE FL 32218

14750 RICE RD

JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2965 Armstrong St

City & State

Jacksonville, FL

Zip

32218

Country

Suite, Apt. #, etc.

2965 Armstrong St

City & State

Jacksonville, FL

Zip

32218

Country

4. FEI Number

Applied For

59-3673907

Not Applicable

5. Certificate of Status Desired

Fee Required

8.75

Additional

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVENS, ERIC H

14750 RICE RD

2965 Armstrong St.

JACKSONVILLE FL 32218

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

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$550.00

10. Election Campaign Financing

Tax filing requirement and elects to do so.

After September 12, 2001, Fee will be \$750.00.

Trust Fund Contribution.

(See criteria on back)

Make Check Payable to Department of State

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PVST

STEVENS, ERIC H

14750 RICE RD

2965 Armstrong St.

JACKSONVILLE FL 32218

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/01

(845) 430-8485

Attachment
OH# PD0000069990
A0084106

8-29-01

To whom it may concern,

I was told that this fee should be \$150.00 had I actually received the first notice. However I'm not sure if its because this is our first year or because of an address change, but this is the first notice we have received. I noticed on the outside of the envelope you have the correct mailing address, but printed on the form it is incorrect. So this maybe why this is the only notice we've received.

Thank you

Eric H. Stevens

