

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90022 013 \*\*\*150.00

0124072 AT

**DOCUMENT # P00000082096**

1. Entity Name  
**C. L. STEVENS, INC.**



Principal Place of Business  
**5247-18 RED CEDAR DRIVE**  
**FORT MYERS FL 33907**

Mailing Address  
**5247-18 RED CEDAR DRIVE**  
**FORT MYERS FL 33907**



2. Principal Place of Business  
**6371 HOLSTEIN DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6371 HOLSTEIN DR.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**FT. MYERS, FL.**  
 Zip  
**33905**  
 Country  
**USA**

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**FT. MYERS FL.**  
 Zip  
**33905**  
 Country  
**USA**

4. FEI Number  
**65-1039802**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**STEVENS, CHRISTOPHER L**  
**5247-18 RED CEDAR DRIVE**  
**FORT MYERS FL 33907**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <b>STEVENS, CHRISTOPHER L</b> <b>5247-18 RED CEDAR DRIVE</b> <b>FORT MYERS FL 33907</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** CHRISTOPHER L. STEVENS **8-3-02 (941) 910-0750**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(1/01) 160160

Attachment Doc # 120000082096  
774220

08-03-01

Florida Department of State - Division of Corporations


Subject: Uniform Business Report Received 07-01  
for C.P. Stevens, Inc.

It is our wishes to comply with all  
necessary permits etc.

Regretfully the 2001 Uniform Business Report  
was received July 2001 due to our  
previous address on file.

Please accept our check in the amount of  
\$150.00.

Our updated address is 6371 Holstein Drive  
Fort Myers, FL 33905.

 Christopher L. Stevens  
CHRISTOPHER L. STEVENS