

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096722

1. Entity Name
STEPHENSON MASONRY AND CONCRETE, INC.

Principal Place of Business Mailing Address
5630 CHEROKEE STREET POST OFFICE BOX 1943
KEYSTONE HEIGHTS FL 32656 Lawrence KEYSTONE HEIGHTS FL 32656
Blvd.

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3690811 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENSON, JODY
5630 CHEROKEE STREET 1220 Lawrence Blvd.
KEYSTONE HEIGHTS FL 32656

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 Jody Stephenson

(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 \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME STEPHENSON, JODY
STREET ADDRESS POST OFFICE BOX 1943 N/A
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME STEPHENSON, JENIFER
STREET ADDRESS POST OFFICE BOX 1943 N/A
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

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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: Jody Stephenson

Date

Daytime Phone #

10/22/01 473-7328

0112690 AT

FILED

01 DEC -7 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)