2002 UNIFORM BUSINESS REPORT (UBR)

Sep 03, 2002 8:00 am Secretary of State P01000018732 DOCUMENT # 1. Entity Name 03-06-2002 90091 001 ***150.00 SCI STEVENS COMMUNICATION INC. Mailing Address Principal Place of Business PO BOX 2135 PO BOX 2135 SILVER SPRINGS FL 34489 SILVER SPRINGS FL 34489 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1107686 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEVENS, A. MARIE Street Address (P.O. Box Number is Not Acceptable) 301 SE 49TH AVE. OCALA FL 34471 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE Delete TITLE GREENE, WILLIAM C NAME CR2F034 STREET ADDRESS 301 SE 49TH AVE. STREET ADDRESS CITY-ST-ZIP **OCALA FL 34471** CITY - ST - ZIP ☐ Change Addition ☐ Delete TITLE TITLE MAME STEVENS, DONALD F STREET ADDRESS STREET ADDRESS 301 SE 49TH AVE. CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 Addition ☐ Change Delete THILE NAME: MCBRIDE: LINDA -----NAME * ** STREET ADDRESS 301 SE 49TH AVE. STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Change ☐ Addition TITLE Delete HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 Addition ☐ Change Delete TITLE

13. Thereby certify that the information supplied with this filling 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 of trusteeers owered execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if other like empowered. changed, or on an attachmer

CITY-ST-ZIP

STREET ADDRESS

BLAIR

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

attachment #70/000018732 870692

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DEPARTMENT OF STAT FOR DEPOSIT ONLY ACCT# 1009068796 FEB 2 7 2002

Paul €. Wilson Jr., P.A. CERTIFIED PUBLIC ACCOUNTANT

Attachment

#P0/000/8732 AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Poul E. Wilson Jr., C.P.A.

21 S.E. Wenona Avenue / Ocala, FL 34471-2264 / 352-629-8074

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1-877-399-7554

email: p.wilsonjr@inetmail.att.net

August 28, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida-32302=1500

RE:

SCI Stevens Communications, Inc.

EIN#: 65-1107686

Dear Sirs;

We are in receipt of the 2002 Uniform Business Report for the above named client. Enclosed please find a copy of the 2002 UBR, which was filed on February 8, 2002. You will also find enclosed a copy of our canceled check #3658, written February 8, 2002, for \$150.00, made payable to the Department of State.

Your immediate attention in clearing up this matter will be greatly appreciated.

Very truly yours,

aul E. Wilson, Jr.

Certified Public Accountant

PEW, jr./gm enclosures