

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90108 025 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000107645

1. Entity Name
BILL STEVENS, INC.



Principal Place of Business
9651 PINE TRAIL COURT
LAKE WORTH FL 33467

Mailing Address
9651 PINE TRAIL COURT
LAKE WORTH FL 33467

2. Principal Place of Business
Palm Beach County
Suite, Apt. #, etc.

3. Mailing Address
9651 Pine Trail Court
Suite, Apt. #, etc.

City & State
Lake Worth, FL
Zip Country

City & State
Lake Worth, FL
Zip Country
33467 USA

4. FEI Number 65-1151254

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William G. Stevens
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD			
	STEVENS, WILLIAM G	9651 PINE TRAIL COURT	LAKE WORTH FL 33467	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G. STEVENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03 (561) 239-8377
Date Daytime Phone #

CR2E034 (10/02)

Attachment

70015325

#



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 14, 2003

BILL STEVENS, INC.
9651 PINE TRAIL COURT
LAKE WORTH, FL 33467

Subject: **BILL STEVENS, INC.**

Reference Number: **P01000107645**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/CW

ANNUAL REPORTS SECTION