

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90267 040 ***150.00

DOCUMENT # *P03000122361*

1. Entity Name

KEN, STEVENS FLOORING INC.



04040611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Home

Suite, Apt. #, etc.

N/A

3. Mailing Address

6889 S. BLACK BERRY PT.

Suite, Apt. #, etc.

N/A

DO NOT WRITE IN THIS SPACE

City & State

HOMOSASSA FLA.

City & State

HOMOSASSA FL.

4. FEI Number

56-2413018

Applied For

Not Applicable

Zip

34446

Country

CITRUS

Zip

34446

Country

CITRUS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KENNETH L. STEVENS

Street Address (P.O. Box Number is Not Acceptable)

6889 S. BLACK BERRY PT.

City

HOMOSASSA FL.

FL

Zip Code

34446

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 *KENNETH L. STEVENS*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
*PRESIDENT
KENNETH L. STEVENS
6889 S BLACK BERRY PT
HOMOSASSA FLA. 34446*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*SECRETARY
JUDY F. STEVENS
6889 S. BLACK BERRY PT.
HOMOSASSA FLA. 34446*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth L. Stevens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 352-628-9258
Date Daytime Phone #

CR2E034B (12/02)