

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022969

1. Entity Name

STEPHENS BUSINESS SERVICES, INC.

Principal Place of Business

215 E WATER ST  
BAINBRIDGE GA 31717

Mailing Address

149 ROZENA LOOP  
HAVANA FL 32333

2. Principal Place of Business

1622 E. Shotwell St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bainbridge GA

City & State

Zip

Country

31717

USA

4. FEI Number

59-3172151

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, LEUCRETIA  
RT 1 BOX 3327  
HAVANA FL 32333

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	D	<input type="checkbox"/> Delete
NAME	STEPHENS, LEUCRETIA	
STREET ADDRESS	149 ROZENA LOOP	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, C L	
STREET ADDRESS	149 ROZENA LOOP	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-2001 124-246-3807

Daytime Phone #

CR2E034 (10/00)

0461934

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90134 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE