

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90445 027 ***150.00

DOCUMENT # P93000032218

1. Entity Name

STEPHENSON REALTY, INC.

Principal Place of Business

20535 NW 2ND AVENUE, SUITE #207
MIAMI FL 33169
US

Mailing Address

20535 NW 2ND AVENUE, SUITE #207
STE #211
MIAMI FL 33169
US**00049075**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4785 Tree Fern Drive

Suite, Apt. #, etc.

3. Mailing Address

4785 Tree Fern Drive

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL4. FEI Number **65-0406959**

Applied For

Not Applicable

Zip

33445

Country

U.S.

Zip

33445

Country

U.S.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

Name

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

4785 Tree Fern Drive

City

Delray Beach**FL**

Zip Code

33445

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☐ Delete
NAME **STEPHENSON, DWIGHT**
STREET ADDRESS **20535 NW 2ND AVENUE, SUITE #207**
CITY-ST-ZIP **MIAMI FL 33169**TITLE ☒ Change ☐ Addition
NAME **4785 Tree Fern Drive**
STREET ADDRESS **Delray Beach, FL 33445**
CITY-ST-ZIPTITLE **PSD** ☐ Delete
NAME **STEPHENSON, DINAH**
STREET ADDRESS **20535 NW 2ND AVENUE, SUITE #207**
CITY-ST-ZIP **MIAMI FL 33169**TITLE ☒ Change ☐ Addition
NAME **4785 Tree Fern Drive**
STREET ADDRESS **Delray Beach, FL 33445**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Dinah Stephenson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/27/01**
Date**561-368-8621**
Daytime Phone #

CR2E034 (10/00)