

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037552

1. Entity Name

STEVENS LABORATORIES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90038 050 ***150.00

Principal Place of Business

Mailing Address

18265 NW HIGHWAY 335
WILLISTON FL 32696

PO BOX 250
WILLISTON FL 32696-0250

2. Principal Place of Business

3. Mailing Address

3749 SW 42 Ave
Suite, Apt. #, etc.
#3

7827 SW 43 DR
Suite, Apt. #, etc.

City & State
GAINESVILLE FL

City & State
GAINESVILLE FL

4. FEI Number 59-3188163

Applied For
Not Applicable

Zip
32608

Country
USA

Zip
32608

Country
USA

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

STEVENS, CAROL J
18265 NW HIGHWAY 335
WILLISTON FL 32696

Name
CAROL J. STEVENS

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

7827 SW 43 DR

City GAINESVILLE FL Zip Code 32608

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 *Carol J. Stevens* CAROL J. STEVENS 1-5-2000
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, ROBERT C	
STREET ADDRESS	18265 NW HWY 335	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, ROBERT C	
STREET ADDRESS	18265 NW HWY 335	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, CAROL J	
STREET ADDRESS	18265 NW HWY 335	
CITY-ST-ZIP	WILLISTON FL 32696	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT C. STEVENS	
STREET ADDRESS	7827 SW 43 DR	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT C STEVENS	
STREET ADDRESS	7827 SW 43 DR	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL J. STEVENS	
STREET ADDRESS	7827 SW 43 DR	
CITY-ST-ZIP	GAINESVILLE FL 32608	
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)(l), 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: *Carol J. Stevens* TREAS. Secretary CAROL J. STEVENS 1-5-2000 352-336-2552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)