

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90502 050 ***150.00

DOCUMENT # P93000074041

1. Entity Name
STEVENS EQUIPMENT BARN, INC.



2. Principal Place of Business
13800 NW HIGHWAY 225A
REDDICK FL 32686

Mailing Address
12001 NW HIGHWAY 225A
REDDICK FL 32686
Steven E. Berman
21 Kings Court
Fort Lee, N.J.
07024



2. Principal Place of Business
2330 NE 18th Place

3. Mailing Address
21 KINGS COURT

Suite, Apt. #, etc.
Unit #B

Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
FORT LEE, NJ

Zip
34470

Country
USA

Zip
07024

Country
USA

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **59-3214625**

Applied For
Not Applicable

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

BERMAN, STEVEN
12001 NW HWY 225A
REDDICK FL 32686

Name
BERMAN, STEVEN
Street Address (P.O. Box Number is Not Acceptable)
13800 NW Highway 225A
City **REDDICK** **FL** **Zip Code** **32686**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Delete**
NAME **BERMAN, STEVEN**
STREET ADDRESS **13800 NW HWY 225A**
CITY-ST-ZIP **REDDICK FL 32686**

TITLE **BERMAN, STEVEN** ☒ **Change** ☐ **Addition**
NAME **13800 NW Highway 225A**
STREET ADDRESS **REDDICK, FL 32686**
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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CITY-ST-ZIP

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 or without other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/03

CR2E034 (10/02)