FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082752 ✓

1. Entity Name
PAUL STEVENS, INC

FILED
Feb 10, 2002 8:00 am
Secretary of State
02-10-2002 90010 009 ***150.00

2. Principal Place of Business	3. Mailing Address
Homestead, FL USA	2012 SE 26 Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Homestead	
City & State	City & State
Homestead	Homestead FL
Zip 33035	Country USA	Zip 33035	Country USA

4. FEI Number 65-045 3304 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. **Name and Address of Current Registered Agent**

Name PAUL STEVENS

Street Address (P.O. Box Number is Not Acceptable)
2012 SE 26 Lane

City Homestead   FL   Zip Code 33035

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 _____   1/25/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Paul Stevens	NAME	
STREET ADDRESS	2012 SE 26 Lane	STREET ADDRESS	
CITY-ST-ZIP	Homestead FL 33035	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Rosemarie Stevens	NAME	
STREET ADDRESS	2012 SE 26 Lane Homestead FL	STREET ADDRESS	
CITY-ST-ZIP	33035	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Stevens   Pres   1/25/02   305 230 1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/01)