

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000049150

1. Entity Name

STEPHENSON INSURANCE AGENCY INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90274 004 ***150.00

Principal Place of Business

1091 NE PINE ISLAND RD
CAPE CORAL FL 33909
US

Mailing Address

1091 NE PINE ISLAND RD
CAPE CORAL FL 33909-2132
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0499940

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEPHENSON, JERRY R
1091 NE PINE ISLAND RD
CAPE CORAL FL 33909

Name

DOLORES J. STEPHENSON

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

1091 NE PINE ISLAND RD.

City

CAPE CORAL

FL

Zip Code

33409

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)

4/28/00

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 PST
NAME STEPHENSON, JERRY R
STREET ADDRESS 1059 NE PINE ISLAND RD.
CITY-ST-ZIP CAPE CORAL FL

☒ Delete

TITLE PST
NAME DOLORES J. STEPHENSON
STREET ADDRESS 1091 NE PINE ISLAND RD.
CITY-ST-ZIP CAPE CORAL, FL. 33409

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOLORES J STEPHENSON Pres

941-772-5370

4/28/00

Daytime Phone #

CR2E034 (9/99)