

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092653

1. Entity Name

SEEKING EXCELLENCE - A ROBERT STEVENSON CORPORAT

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90037 042 ***150.00

Principal Place of Business

2394 TERENCE COURT
CLEARWATER FL 33759
US

Mailing Address

2394 TERENCE COURT
CLEARWATER FL 33759-1215
US

2. Principal Place of Business

3078 Woodson Lane

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33761

Country

Pinellas

City & State

Same

Zip

33761

Country

Pinellas

4. FEI Number

59-3291419

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENSON, ROBERT O
2394 TERENCE COURT
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

Stevenson Robert O

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

3078 Woodson Lane

City

Clearwater

FL

Zip Code

33761

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

4/27/2000

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSD		
	STEVENSON, ROBERT O	2394 TERENCE COURT	CLEARWATER FL 33759

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Robert Stevenson	3078 Woodson Lane - Clearwater, FL	33761
		Tel: 727-781-4000 - FAX: 727-789-5630	
		E-Mail: SeekingEx@aol.com	

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

4/27/2000

727/781-4000

Date

Daytime Phone #

CR2E034 (9/99)