

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049939

1. Entity Name

M.J. STEPHENS & ASSOCIATES, INC.

Principal Place of Business

670 N COURTENAY PKWAY  
#1  
MERRITT ISLAND FL 32953  
US

Mailing Address

1730 PELICAN DRIVE  
MERRITT ISLAND FL 32952

2. Principal Place of Business

394 DESOTO DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 542563

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL.

City & State

MERRITT ISLAND, FLORIDA

Zip

32169

Country

FLORIDA

Zip

32954

Country

FLORIDA

4. FEI Number

59-3323890

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

STEPHENS, MAUREEN M  
1730 PELICAN DRIVE  
MERRITT ISLAND FL 32952

Name

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

City

FL

Zip Code

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

*Maureen M. Stephens*

MAUREEN M. STEPHENS

3-30-01

Signature, typed or printed name of registered agent and title, 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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS STEPHENS, M J  
CITY-ST-ZIP 1730 PELICAN DRIVE  
MERRITT ISLAND FL 32952

TITLE ☒ Change ☐ Addition  
NAME STEPHENS, M.J.  
STREET ADDRESS 394 DESOTO DR.  
CITY-ST-ZIP NEW SMYRNA BCH. FL. 32169

TITLE ☐ Delete  
NAME D  
STREET ADDRESS STEPHENS, MAUREEN M  
CITY-ST-ZIP 1730 PELICAN DRIVE  
MERRITT ISLAND FL 32952

TITLE ☒ Change ☐ Addition  
NAME STEPHENS, MAUREEN M.  
STREET ADDRESS 394 DESOTO DR.  
CITY-ST-ZIP NEW SMYRNA BCH. FL. 32169

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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)(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

Date

Daytime Phone #

3-30-01 (904) 478 0034

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE