

200 / UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007969

1. Entity Name

GJ STEVENS, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91643 001 ***300.00

Principal Place of Business

9113 VINEYARD LAKE DRIVE
PLANTATION FL 33324

Mailing Address

9113 VINEYARD LAKE DRIVE
PLANTATION FL 33324-1110

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PLANTATION, FL

City & State
PLANTATION, FL

4. FEI Number 65-0724702

Applied For
Not Applicable

Zip
33322

Country
BROWARD

Zip
33322

Country
BROWARD

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

FREEMAN, LOUIS
9113 VINEYARD LAKE DR
PLANTATION FL 33324

Name

Louis FREEMAN

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

9801 N.W. 18 MNR

City

PLANTATION

FL

Zip Code
33322

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FEE 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
FREEMAN, LOUIS I
3440 S.S.R. 7
MIRAMAR FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
FREEMAN, JUDITH
3440 S.S.R. 7
MIRAMAR FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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 reports 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

4/29/01 954-9617775