

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009073

1. Entity Name

REBECCA W. STEVENS, P.A.

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90017 024 ***150.00

Principal Place of Business

P.O. BOX 897
BRONSON FL 32621

Mailing Address

P.O. BOX 897
BRONSON FL 32621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3430069

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

STEVENS, RONALD W ESQ.

280 E HATHAWAY AVE

BRONSON FL 32621

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

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 STEVENS, REBECCA W
CITY-ST-ZIP 6051 N.E. 185TH TERRACE
WILLISTON FL 32696

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Rebecca W. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00
Date

352-486-1267
Daytime Phone #



Division of Corporations
Uniform Business System
P.O. Box 1500
Tallahassee, FL 32302-1500
RE: Filing Fee

Dear Sir/Madam:

Please find enclosed filing fee check for \$1.00.
my husband, Ronald Stevens, Esquire, called your office to
receive my first notice. Your representative informed us that
check would be sufficient due to multiple reports of the same.

Thank you for your assistance.

Cordially,

Rebecca W. Stevens
Rebecca W. Stevens, LCSW

280 East Highway
Avenue
P.O. Box 897
Brenton, Florida 32621
(904) 466-1267
(904) 466-1263

Counseling and Psychotherapy