

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017204

1. Entity Name

STEPHENSON ENGINEERING GROUP, INC.

FILED

00 SEP 20 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

301 E. ATLANTIC BLVD  
POMPANO BCH FL 33060  
US

Mailing Address

301 E. ATLANTIC BLVD  
POMPANO BCH FL 33060  
US

2. Principal Place of Business

1000 West McNab Rd.

3. Mailing Address

1000 West McNab Rd.

Suite, Apt. #, etc.

155

Suite, Apt. #, etc.

Suite 155

City & State

Pompano Beach, FL.

City & State

Pompano Beach, FL.

Zip

33069

Country

U.S.

Zip

33069

Country

U.S.

4. FEI Number

65-0731065

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, D. FRANKLIN  
301 E. ATLANTIC BLVD  
POMPANO BCH FL 33060

7. Name and Address of New Registered Agent

Name Stuart C. Wardlaw, C.P.A.

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

2929 East Commercial Blvd.

Suite 501

City

Fort Lauderdale

FL

Zip Code

33308-4214

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

*Stuart C. Wardlaw, C.P.A.*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-18-00

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 \$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

TITLE P  
NAME STEPHENSON, DWIGHT F  
STREET ADDRESS 9600 NORTHWEST 58 COURT  
CITY-ST-ZIP PARKLAND FL 33076 ☐ Delete

TITLE S  
NAME STEPHENSON, SUSAN M  
STREET ADDRESS 9600 NORTHWEST 58 COURT  
CITY-ST-ZIP PARKLAND FL 33076 ☐ Delete

TITLE T  
NAME STEPHENSON, DWIGHT F  
STREET ADDRESS 9600 N.W. 58 CT.  
CITY-ST-ZIP PARKLAND FL 33076 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 11440 NW 56 DRIVE APT. 108  
CITY-ST-ZIP Coral Springs Fl. 33076 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 11440 NW 56 DRIVE APT. 108  
CITY-ST-ZIP Coral Springs Fl. 33076 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 11440 NW 56 DRIVE APT. 108  
CITY-ST-ZIP Coral Springs Fl. 33076 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 000003408240-4  
CITY-ST-ZIP -09/28/00--01078--010 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS \*\*\*\*\*558.75 \*\*\*\*\*558.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS ☒ 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:

*D. Franklin Stephenson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/17/00

Daytime Phone #

(954) 946-7179

CR2E034 (5/00)