2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 04, 2002 8:00 am P97000017204 DOCUMENT # Secretary of State 1. Entity Name 03-04-2002 90022 036 ***150.00 STEPHENSON ENGINEERING GROUP, INC. Principal Place of Business Mailing Address 1000 WEST MCNAB ROAD 1000 WEST MCNAB ROAD SHITE 155 SUITE 155 POMPANO BCH FL 33069 POMPANO BCH FL 33069 US 2. Principal Place of Business 3. Mailing Address 4944 Parkwan Maza Blad DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For 65-0731065 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARDLAW, STUART C CPA 2929 EAST COMMERCIAL BLVD. SUITE 501 FT. LAUDERDALE FL 33308-4214 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Change ☐ Addition TITLE ☐ Delete stephenson. Dwight f NAME NAME 11440 N.W. 56 DRIVE, APT. 108 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete TITLE Change Change Addition TITLE NAME stephenson, Susan M NAME STREET ADDRESS 11440 N.W. 56 DRIVE, APT. 108 STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME stephenson, dwight f NAME STREET ADDRESS STREET ADDRESS 11440 N.W.: 56 DRIVE, APT. 108 CORAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of the corporation or the receiver or trustee changed, or on an attachment with an add

FILED

Daytime Phone #