2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 09, 2001 8:00 am Secretary of State DOCUMENT # P98000047331 ROBIN H. STEVENSON, P.A. 02-19-2001 90075 039 ***150.00 Principal Place of Business Mailing Address 1640 NORTH PARK AVENUE 1640 NORTH PARK AVENUE BARTOW FL 33830 RARTOW FI 33830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FE! Number Applied For City & State City & State 65-0845821 Not Applicable Zip Country Zip 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 Name STEVENSON, ROBIN H Street Address (P.O. Box Number is Not Acceptable) 1640 NORTH PARK AVENUE BARTOW FL 33830 Zip Code 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. SIGNATURE Signature, typed or printed ra (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete TITLE ☐ Addition TITLE HAME NAME STEVENSON, ROBIN H STREET ADDRESS STREET ADDRESS 1640 N. PARK AVE CITY-ST-ZIP CITY-ST-ZIP BARTOW FL 33830 ☐ Addition Chaoge TITLE TITLE □ Delete NAME NAME STEVENSON, RENE C STREET ADDRESS STREET ADDRESS 1640 N. PARK-AVE CITY: ST: 74P CITY-ST-ZIP BARTOW FL 33830 ☐ Change ☐ Addition TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DD F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Chance ☐ Addition TITLE ☐ Delete 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 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 807, 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.

Robin H.Stevenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2/07/01

Date

Osytime Phone #

2/19