

# 2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P980000 79385

1. Entity Name

Kim Stephens, Inc.

12

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90004 011 \*\*\*150.00

Principal Place of Business

Mailing Address

444 Darling Dr.  
Venice, FL 34285

same

2. Principal Place of Business

333 S. Tamiami Trail

3. Mailing Address

444 Darling Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

Venice, FL

City & State

Venice, FL

Zip

34285

Country

USA

Zip

34285

Country

USA

4. FEI Number

65-0865189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Kim Stephens

Kim Stephens-President

\$/30/00

(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 \$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	President	<input type="checkbox"/> Delete
NAME	Kim Stephens	
STREET ADDRESS	444 Darling Drive	
CITY-ST-ZIP	Venice, FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Kim Stephens

Kim Stephens

\$/30/00

941-412-0555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)