## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P9900000630 1. Entity Name STEVAR PROPERTY DEVELOPMENT INC.

## FILED May 02, 2002 8:00 am Secretary of State 05-02-2002 90071 015 \*\*\*150.00

| Principal Place of Business Mailing Address  4264 PRAIRIE VIEW DR  SARASOTA FL 34232 SARASOTA FL 34232  |   |  |  |  |   |               |  |  |
|---|---|--|--|--|---|---------------|--|--|
|   |   |  |  |  |   |               |  |  |
|   |   |  |  |  |   |               |  |  |
| 2. Principal i  | Place of Business   | 3. Mailing Address   |  |  |   | Paul Acht (a) | 1 80118 8118                             | 1 11111 <b>10</b> 11 1 <b>00</b> 1                     |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |  | DO NOT WRITE IN THIS SPACE                                  |               |  |  |
| City & State  |   | City & State   |  | <b>4.</b> F                            | FEI Number 65-0895348 Applied For Not Applicab              |               |  |  |
| Zip   | Country   | Zip  | Country  | <b>5.</b> C                            | ertificate of Status Desired                                |               | 8.75 Ac                                  | ditional   |
|   | 6. Name and Address of Currer   | nt Registered Agent  |  | 7. N                                   | ame and Address of New Re                                   |               |  | <del></del>  |
|   |   |  | Name   | ······································ | ستوردي يهامه فالمستوع المستو                                | Section 1     |  | <del></del>  |
| Vardaman, steve o<br>4264 Prairie View Dr   |   |  | Street Address   |  | (P.O. Box Number is Not Acceptable)                         |               |  |  |
| SARASOTA  | A FL 34232  |  |  |  | - <del></del>   |               |  | ····   |
|   |   |  | City   | <u></u>                                |   | FL            | Zip Coo                                  | ie   |
| 8. The above  | named entity submits this statement t                                 | for the purpose of changing its  | s registered office or re  | aistered age                           | nt, or both, in the State of Flor                           | ida           |  | ,,,,,,,  |
| SIGNATURE _   |   |  |  |  |   |               |  |  |
| <del></del>   | Signature, typed or printed name of registered agen                   |  | TE: Registered Agent signature r   | required when rein                     | stating)  | DATE          |  |  |
| 9. This corpo   | oration is eligible to satisfy its Intangible                         | le FILE NOW  | III EEE 10 61-5 55   |  |   |               |  |  |
| T   |   |  | !!! FEE IS \$150.00  |  | 40 EL 11 0 1 -  |               |  |  |
| Tax filing r  | requirement and elects to do so.                                      | After May 1, 20  | 002 Fee will be \$550  | .00                                    | 10. Election Campaign Final Trust Fund Contribution         |               |  | 00 May Be  |
| Tax filing r<br>(See criter   | ria on back)  | After May 1, 20<br>Make Check Payal                                      | 1!! FEE IS \$150.00<br>002 Fee will be \$550<br>ble to Department of   | .00<br>f State                         | <b>10.</b> Election Campaign Final Trust Fund Contribution. |               |  | 00 May Be<br>d to Fees                                 |
| Tax filing r<br>(See criter   | ria on back) ØFFICERS AND   | After May 1, 20<br>Make Check Payal<br>D DIRECTORS                       | 002 Fee will be \$550<br>ble to Department o   | f State                                |   |               | Adde                                     | d to Fees  |
| Tax filing r (See criter  | OFFICERS AND  | After May 1, 20<br>Make Check Payal                                      | DO2 Fee will be \$550<br>ble to Department of<br>12.   | f State                                | Trust Fund Contribution.                                    | ERS AND D     | Adde                                     | d to Fees  |
| Tax filing r (See criter  11.  TITLE !  | OFFICERS AND  VARDAMAN, STEVE   | After May 1, 20<br>Make Check Payal<br>D DIRECTORS                       | 002 Fee will be \$550<br>ble to Department of<br>12.<br>TITLE<br>NAME  | f State                                | Trust Fund Contribution.                                    | ERS AND D     | Adde                                     | d to Fees  |
| Tax filing r (See criter  11.  TITLE ! NAME: STREET ADDRESS   | OFFICERS AND P VARDAMAN, STEVE 4264 PRAIRIE VIEW DR                   | After May 1, 20<br>Make Check Payal<br>D DIRECTORS                       | 002 Fee will be \$550 ble to Department of 12.  IIILE NAME STREET ADDRESS  | f State                                | Trust Fund Contribution.                                    | ERS AND D     | Adde                                     | d to Fees  |
| Tax filing r (See criter  11.  TITLE / NAME STREET ADDRESS  | OFFICERS AND  VARDAMAN, STEVE   | After May 1, 20 Make Check Payal D DIRECTORS  Delete                     | 002 Fee will be \$550 ble to Department of  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  | f State                                | Trust Fund Contribution.                                    | ERS AND D     | Adder                                    | d to Fees SIN 11 Addition                              |
| Tax filing r (See criter  11.  TITLE !  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE   | OFFICERS AND P VARDAMAN, STEVE 4264 PRAIRIE VIEW DR                   | After May 1, 20<br>Make Check Payal<br>D DIRECTORS                       | 002 Fee will be \$550 ble to Department of  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | f State                                | Trust Fund Contribution.                                    | ERS AND D     | Adde                                     | d to Fees SIN 11 Addition                              |
| Tax filing r (See criter  11.  TITLE ! NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | OFFICERS AND P VARDAMAN, STEVE 4264 PRAIRIE VIEW DR                   | After May 1, 20 Make Check Payal D DIRECTORS  Delete                     | 002 Fee will be \$550<br>ble to Department of<br>12.<br>ITILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | f State                                | Trust Fund Contribution.                                    | ERS AND D     | Adder                                    | d to Fees SIN 11 Addition                              |
| Tax filing r (See criter  11.  TITLE ! NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP   | OFFICERS AND P VARDAMAN, STEVE 4264 PRAIRIE VIEW DR SARASOTA FL 34232 | After May 1, 20 Make Check Payal  Directors  Delete                      | DO2 Fee will be \$550 ble to Department or  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TIFLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | f State                                | Trust Fund Contribution.                                    | ERS AND D     | Adder                                    | d to Fees SIN 11 Addition                              |
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, Florida Statutes. Florida Statutes, Florida Statutes, Florida Statutes, Florida Statutes, Florida Statutes, Florida Statutes, and that my name appears in Block 11 or Block 12 if the corporation or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR