

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90117 032 \*\*\*150.00

DOCUMENT # **P99000000630**

1. Entity Name  
**STEVAR PROPERTY DEVELOPMENT INC.**



Principal Place of Business  
**4264 PRAIRIE VIEW DR  
SARASOTA FL 34232**

Mailing Address  
**4264 PRAIRIE VIEW DR  
SARASOTA FL 34232**



2. Principal Place of Business  
**6222 TOWER LANE DRIVE**  
Suite, Apt. #, etc.  
**SUITE #A-8**

3. Mailing Address  
**6222 TOWER LANE DRIVE**  
Suite, Apt. #, etc.  
**SUITE #A-8**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**SARASOTA, FLA.**

City & State  
**SARASOTA, FLA.**

4. FEI Number **65-0895348**

Applied For  
Not Applicable

Zip **34240** Country **SARASOTA**

Zip **34240** Country **SARASOTA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**VARDAMAN, STEVE O  
4264 PRAIRIE VIEW DR  
SARASOTA FL 34232**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **VARDAMAN, STEVE**  
STREET ADDRESS **4264 PRAIRIE VIEW DR**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **ERIC LANGER**  
STREET ADDRESS **P.O. Box 1742**  
CITY-ST-ZIP **NOKOMIS, FL. 34274**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/03

944-379-6226

CR2E034 (10/02)