

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90492 035 ***150.00

DOCUMENT # P99000106087

1. Entity Name

M.J. STEPHENS GROUP, INC.

Principal Place of Business

**394 DESOTO DRIVE
 NEW SMYRNA BEACH FL 32169**

Mailing Address

**P.O. BOX 542563
 MERRITT ISLAND FL 32954**

2. Principal Place of Business

837 FAIRWAY DRIVE

3. Mailing Address

837 FAIRWAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL.

City & State

NEW SMYRNA BEACH, FL.

Zip

32168

Country

U.S.A.

Zip

32168

Country

U.S.A.

4. FEI Number

59-3621228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

STEPHENS, MAUREEN

394 DESOTO DRIVE

NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

Name

STEPHENS, MAUREEN

Street Address (P.O. Box Number is Not Acceptable)

837 FAIRWAY DRIVE

City

NEW SMYRNA BEACH

FL

Zip Code

32168

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 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, 2002 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

TITLE	D	☐ Delete
NAME	STEPHENS, M. JEFFREY	
STREET ADDRESS	394 DESOTO DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	S	☐ Delete
NAME	STEPHENS, MAUREEN	
STREET ADDRESS	394 DESOTO DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	STEPHENS M. JEFFREY	
STREET ADDRESS	837 FAIRWAY DR.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32168	
TITLE		☒ Change ☐ Addition
NAME	STEPHENS, MAUREEN	
STREET ADDRESS	837 FAIRWAY DR.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL. 32168	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE REQUIRED M. STEPHENS

4/29/02 (386) 428 2131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)