

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90020 031 ***150.00

DOCUMENT # S88730

1. Entity Name

JACK STEVISON INSURANCE & FINANCIAL SERVICES, IN C.

Principal Place of Business

~~4410 BOUGAINVILLEA DRIVE~~
~~#25~~
LAUDERDALE-BY-THE-SEA FL 33308

Mailing Address

~~4410 BOUGAINVILLEA DR~~
~~SUITE 25~~
LAUDERDALE-BY-THE-SEA FL 33308
US

2. Principal Place of Business

224 Hibiscus Ave.
 Suite, Apt. #, etc.
255

3. Mailing Address

224 Hibiscus Ave.
 Suite, Apt. #, etc.
255

City & State
LAUDERDALE B-T-S, FL.

Zip
33308 Country
US

City & State
LAUDERDALE B-T-S, FL.

Zip
33308 Country
US

4. FEI Number
65-0290942

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STEVISON, JACK
~~4410 BOUGAINVILLEA DR. #25~~
LAUDERDALE-BY-THE-SEA FL 33308

7. Name and Address of New Registered Agent

Name **STEVISON, JACK**
 Street Address (P.O. Box Number is Not Acceptable)
224 Hibiscus Ave. #255
 City **LAUDERDALE BY-THE-SEA, FL** Zip Code **33308**

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 *Jack Stevison* **JACK STEVISON, President 4/15/2002**
 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	P	<input type="checkbox"/> Delete
NAME	STEVISON, JACK D.	
STREET ADDRESS	4410 BOUGAINVILLEA #25 224 Hibiscus Ave.	
CITY-ST-ZIP	LAUDERDALE FL #255	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVISON, JACK	
STREET ADDRESS	224 Hibiscus Ave. #255	
CITY-ST-ZIP	LAUDERDALE B-T-S, FL. 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Jack Stevison* **JACK STEVISON 4/15/2002 954-491-6692**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)