

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90019 014 ***150.00

0463196

DOCUMENT # P95000065148

1. Entity Name

THE STEAM TEAM OF N.W. FLA., INC.

Principal Place of Business

532 S. BONITA AVENUE
 PANAMA CITY FL 32401
 US

Mailing Address

P.O. BOX 802
 PANAMA CITY FL 32402
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3330104

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GROSS, KYLE A
2611 COUNTRY CLUB DRIVE
LYNN HAVEN FL 33244

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 _____

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	GROSS, KYLE	
STREET ADDRESS	532 S BONITA AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GROSS, MARK	
STREET ADDRESS	532 S BONITA AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GROSS, DONNA	
STREET ADDRESS	2611 COUNTRYCLUB DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GROSS, FRANK	
STREET ADDRESS	2611 COUNTRY CLUB DR	
CITY-ST-ZIP	LYNN HAVEN FL	
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"/> 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: Mark Gross Mark Gross v.r.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01
 Date

(850)548-0943
 Daytime Phone #

CR2E034 (10/00)