## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## 415297 DOCUMENT #

1. Entity Name

STEEG & ASSOCIATES, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90247 043 \*\*\*150.00

			COD WE THE		
rincipal Place of Business 157 BALTIC STR 2.0. BOX 3. ORTEGA STATION IACKSONVILLE FL 32210		Mailing Address 4157 BALTIC STR P.O. BOX 3. ORTEGA STATION JACKSONVILLE FL 32210 US			્ર ૄા
S Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-1435545	Applied For Not Applicable
		Zip Country		5. Certificate of Status Desired	\$8.75 Additional
Zip	Country	, , , , , , , , , , , , , , , , , , ,		7. Name and Address of New Registered	Fee Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and seasons	
ATEC OT	- DMADT	•	Chart Addro	ss (P.O. Box Number is Not Acceptable)	
STEEG, STE			Street Addre	SS (F.O. DOX Harrison le Vett 42 p	
4157 BALTI	LLE FL 32210				
JACKSCIAAI	LLL IL VELIV		City	FL	Zip Code
		of the museum of observing	on its registered office or reg	istered agent, or both, in the State of Florida. I am	familiar with, and accept
8. The above n	amed entity submits this statemen ns of registered agent.	it for the purpose of changii	ig its registered dilide of rog	,	
(iie obligatio					
SIGNATURE	lignature, typed or printed name of registered ag	gent and title it applicable."	(NOTE: Registered Agent signature re	quired when reinstating) — DATE	
: After	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmen	00 It of State		. If dist I did Commodition	\$5.00 May Be Added to Fees
		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEEG, THOMAS A		NAME STREET ADDRESS		
STREET ADDRESS	4157 BALTIC STREET JACKSONVILLE, FL 00000		CITY-ST-ZIP		
	PD	□ Delete	TITLE		☐ Change ☐ Addition
TITLE NAME	STEEG, STEWART B.		NAME	,	
STREET ADDRESS	4157 BALTIC STREET		STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	☐ Delete		·	Change Addition
TITLE NAME	VD STEEG, ELIZABETH F.	- to below	NAME		
STREET ADDRESS	4157 BALTIC STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	TD	☐ Delete	NAME		
NAME Street address	STEEG, ROBERT S. 4157 BALTIC STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	·	CITY-ST-ZIP		Change Addition
TITLE		☐ Deleti			
NAME			NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
		☐ Delet	e TITLE		☐ Change ☐ Additio
TITLE NAME		^	NAME		
STREET ADDRESS		/ [	STREET ADDRESS CITY_ST-ZIP		
CITY-ST-ZIP	L/	- / A	colify for the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the information
12. I hereby indicated of the co	certify that the information supplied on this report or suppliementation or the receiver or trusted to a composition of the receiver or trusted to a composition of the receiver of the second of the receiver of the second of the receiver of the second of	o with this fight node not du dont Arge and accurate an embowered to execute this ress with all other like embo	d that my signature shall have report as required by Chap owered.	d in Section 119.07(3)(i), Florida Statutes. I further we the same legal effect as if made under oath; that ter 607, Florida Statutes; and that my name appea	it I am an officer or director rs in Block 10 or Block 11 if

changed, or on an attagh 2/19/03 904-389-5537

SIGNATURE:

Stewart B. Steeg

Date

Daytime Phone #