2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State
05-07-2000 90013 015 ***150.00

DOCUMENT # 545899

1. Entity Name
STEIGHNER CORPORATION

Principal Place of Business	Mailing Address
1382 TATUM BLVD. NEW SMYRNA BEACH FL 32170	P O BOX 550 NEW SMYRNA BEACH FL 32170-0550 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 214148
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: S Daytona, FL
Zip / Country	Zip: 32121 Country: Volusia

4. FEI Number 59-1770662 ☐ Applied For ☐ Not Applicable

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
MORRIS, FRANK S 1382 TATUM BLVD. NEW SMYRNA BEACH FL 32168	Name: Sherie Provan Street Address (P.O. Box Number is Not Acceptable): 825 Patterson Dr S City: S Daytona **FL** Zip Code: 32119

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 Sherie Provan 4/25/00
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, 2000 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	PT	☑ Delete	TITLE	PT	☐ Change ☑ Addition
NAME	MORRIS, FRANK S		NAME	Sherie Provan	
STREET ADDRESS	1382 TATUM BLVD.		STREET ADDRESS	825 Patterson Dr	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		CITY-ST-ZIP	S. Daytona, FL. 32119	
TITLE	VS	☑ Delete	TITLE	VS	☐ Change ☑ Addition
NAME	MORRIS, DONNA S		NAME	Shirley Parrillo	
STREET ADDRESS	1382 TATUM BLVD.		STREET ADDRESS	825 Patterson Dr	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		CITY-ST-ZIP	S. Daytona, FL. 32119	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Sherie Provan Sherie Provan 4/25/00 904-423-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #