2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
05-07-2001 90037 049 ***150.00

DOCUMENT # 828651

1. Entity Name
STEEGO CORPORATION

Principal Place of Business	Mailing Address
5114 OKEECHOBEE BLVD SUITE 112 WEST PALM BEACH FL 33417 US	5114 OKEECHOBEE BLVD SUITE 112 WEST PALM BEACH FL 33417 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
320 E. Alfred Street	320 E. Alfred Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tavares, FL	City & State: Tavares, FL
Zip: 32778 Country: USA	Zip: 32778 Country: USA

4. FEI Number 13-1841807 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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	VSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CURTAS, WILLIAM W		NAME		
STREET ADDRESS	5114 OKEECHOBEE BLVD STE 112		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FISHER, LINDA A		NAME		
STREET ADDRESS	250 AUSTRALIAN AVENUE, SOUTH		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
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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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: William W. Curtas, Secretary 4/25/01 (342) 742-9926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)