2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 828651 1. Entity Name STEEGO CORPORATION Principal Place of Business Mailing Address

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

SUITE 112 WEST PALM BE US 2. Principal F 320 E.	EACH FL 3341		5114 OKEECHOBEE BLVD SUITE 112 WEST PALM BEACH FL 33417 US 3. Mailing Address 320 E. Alfred Street								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SE	PACE		
City & State Tavares, FL			City & State Tavares, FL			4. F	4. FEI Number 13-1841807 Applied F			oplied For	
Zip 32778	Country		Zip Country USA		-	· 5. _(5Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name	and Address of Current Re				7. N	Name and Address of New Re	gistered Aç	jent		
UNITED STATES CORPORATION COMPANY 1201 HAYES ST STE 105					Name Street Address (P.O. Box Number is Not Acceptable)						
TALL	AHASSEE F	FL 32301			City			FL	Zip Cod	e	
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. (NOT	E: Registere	d Agent signature	required when re	einstating)	DATE		 }	
Tax filing r		ble to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		0.00	10. Election Campaign Fina. Trust Fund Contribution.	ncing		May Be		
11.		OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5114 OKE	WILLIAM W ECHOBEE BLVD STE 112 M BEACH FL	Delete					[Change	☐ Addition	
TITLE NAME STREET ADDRESS =:CITY-ST-ZIP	1	INDA A RALIAN AVENUE, SOUTH M BEACH FL	Delete		I .	·		[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					[Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	information supplied with th	☐ Detete	CITY	ET ADDRESS -ST-ZIP	Vin Section 1	10 07/2Vi) Florida Statuta Lt		Change	Addition	
indicated	on this report	as a malamadappiled with the	is ming does not quality for	THE EXE	inpulor stated	III OCCIION I	19.07(3)(i), Florida Statutes. I fu	armer certify	r mar me ir	поппалоп	

on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

William W. Curtas, Secretary

4/25/01

(342) 742-9926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #