2002 UNIFORM BUSINESS REPORT (UBR)

May 10, 2002 8:00 am Secretary of State DOCUMENT # 828651 1. Entity Name 05-10-2002 90008 029 ***150.00 STEEGO CORPORATION Principal Place of Business Mailing Address 320 E ALFRED STREET 320 E ALFRED STREET TAVARES FL 32778 TAVARES FL 32778 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 13-1841807 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST STE 105 TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 🛂 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F VSTD □ Delete TITLE X Change ☐ Addition NAME CURTAS, WILLIAM W NAME 320 E. Alfred Street STREET ADDRESS 5114 OKEECHOBEE BLVD STE 112 STREET ADDRESS CITY-ST-ZIE WEST PALM BEACH FL Tavares, FL 32778 CITY-ST-ZIP TITLE AS ☐ Delete TITLE X Change ☐ Addition NAME FISHER, LINDA A NAME STREET-ADDRESS STREET ADDRESS 250 AUSTRALIAN AVENUE, SOUTH 9152 Picot Court CITY-ST-ZIF CITY-ST-ZIP WEST PALM BEACH FL Boynton Beach, FL 33437 TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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

(352) 742-9926

FILED

Daytime Phone #