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

## F96000000954 **DOCUMENT #**

1. Entity Name STEADMAN CONTRACTING SERVICES, INC.



## **FILED** Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90071 046 \*\*\*150.00

Principal Place of Business 1019 DE LA POINTE GAUTIER MS 39553			Mailing Address 1019 DE LA POINTE GAUTIER MS 39553							
2. Principal F	Place of Busin	ess	3. Mailing Address	3. Mailing Address			T TOBRÍFOR STAND SEATA DEALTA DOR		31111   1111   11151	11111 <b>1111</b> 1 1 <b>11</b> 1
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	☐ CHECK HERE I	F MAKIN	IG CHANGES	
City & State			City & State			4	4. FEI Number 64-0841274 Applied For Not Applicable			
Žip	Zip Country		Zip Count		ntry	5	5. Certificate of Status Desired See Required			ditional
ç	6. Name	and Address of Current	Registered Agent			. 7	7. Name and Address of New Re	egistered	'	
		<del></del>			Name			<b>J</b>		
COBB, D	ONALD R									
1519 MAI	RINER'S CIR			Street Address			(P.O. Box Number is Not Acceptable)			
GULF BREEZE FL 32561										
GOLF, DRI	CEZE FL 32	JO I								
					City			Fl	Zip Code	e
O The chave										
	tions of registe		or the purpose of changing	g its register	ea onice or req	gisterea	agent, or both, in the State of Flor	ida. Iam	ı tamıllar witn,	and accept
SIGNATURE										
	Signature, typed of	or printed name of registered agent	and title if applicable.	NOTE: Registere	ed Agent signature re	equired whe	en reinstating)	DATE		
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State				9. Election Campaign Fina Trust Fund Contribution			<b>0</b> May Be to Fees
		<del>-</del>								
10.	PDC	OFFICERS AND		11.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	STEADMAN	u IW ib	☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS	1108 LUCA	1, 0 4, 011 15 St.		NAM	- 1					
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0111-31-2IF	1			UIIT	-ST-ZIP					
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NAME	KING, GEC			NAM						
STREET ADDRESS	4906 GRIF	NT MS 39563			ET ADDRESS					
CITY-ST-ZIP	1	MI NO 29202		CITY	-ST-ZIP					
TITLE	SD	China I	☐ Delete	TITLE	Ε [				Change	☐ Addition
NAME	DAVIES, GI			NAM						•
STREET ADDRESS	2341 PARK Gautier M				ET ADDRESS					
CITY-ST-ZIP	GAUTIER I	10 09000	<del></del>	CITY	-ST-ZiP		***			
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STREET ADDRESS				•	ET ADDRESS					
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

