

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90176 043 ***150.00

DOCUMENT # F99000003955

1. Entity Name
STEEN ENTERPRISES, LTD., INC.

Principal Place of Business
115 112TH AVENUE N.E., #418
ST. PETERSBURG FL 33716

Mailing Address
115 112TH AVENUE N.E., #418
ST. PETERSBURG FL 33716

2. Principal Place of Business
6456 26TH AVE. N

3. Mailing Address
6456 26TH AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL

City & State
ST. PETERSBURG FL

4. FEI Number **37-1282799**

Applied For
Not Applicable

Zip
33710

Country
USA

Zip
33710

Country
USA

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

Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEEN, TRACI C
115 112TH AVENUE N.E., #418
ST. PETERSBURG FL 33716

Name
TRACI C. STEEN
Street Address (P.O. Box Number is Not Acceptable)
6456 26TH AVE N.
City **ST. PETERSBURG** **FL** **Zip Code** **33710**

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  **TRACI C. STEEN, VICE PRESIDENT**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **STEEN, TERRY W**
STREET ADDRESS **115 112TH AVENUE NE # 418**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☒ Change ☐ Addition
NAME **6456 26TH AVE N.**
STREET ADDRESS **ST. PETERSBURG FL 33710**
CITY-ST-ZIP

TITLE **DVT** ☐ Delete
NAME **STEEN, TRACI C**
STREET ADDRESS **115 112TH AVENUE NE # 418**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☒ Change ☐ Addition
NAME **6456 26TH AVE N.**
STREET ADDRESS **ST. PETERSBURG FL 33710**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

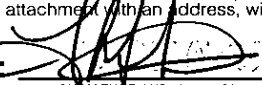
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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  **TRACI C. STEEN, VICE PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)