

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90061 029 ***150.00

04/10/03 AV

DOCUMENT # G09866

1. Entity Name

W.G. STEED, INC.

Principal Place of Business

**11390 E. WISE LANE
 FLORAL CITY FL 32636**

Mailing Address

**11390 E. WISE LANE
 FLORAL CITY FL 32636**

0003471

2. Principal Place of Business

**114 E. Noble Ave.
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 1466
 Suite, Apt. #, etc.**

City, State

Bushnell, FL

City, State

Bushnell, FL

4. FEI Number

59-2233592

Applied For

Not Applicable

Zip

33513

Country

FL

Zip

33513

Country

FL

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STEED, WALTER G., JR.
 114 E. NOBLE AVENUE
 BUSHNELL FL 33513**

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, 2002 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

TITLE **PT.** ☐ Delete
 NAME **STEED, WALTER G., JR.**
 STREET ADDRESS **RT. 3, BOX 251A**
 CITY-ST-ZIP **FLORAL CITY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **114 E. Noble Ave.**
 CITY-ST-ZIP **Bushnell, FL 33513**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

WALTER G. STEED, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-02

Date

352568166

Daytime Phone #

CR2E034 (9/01)