2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90014 015 ***150.00

DOCUMENT # J48825

1. Entity Name
STEAMBOAT NORTHWEST, INC.

Principal Place of Business	Mailing Address
PO BOX 698 SAN ANTONIO FL 33576 US	PO BOX 698 SAN ANTONIO FL 33576 US

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1234322 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FINORA, G DOUGLAS PO BOX 698 34720 PROSPECT RD SAN ANTONIO FL 33576	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] 1-10-02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ☐ Delete FINORA, G DOUGLAS 34720 PROSPECT RD PO BOX 698 SAN ANTONIO FL 33576	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☐ Change ☑ Addition GRADY "SONNY" MAGGARD 37518 GELGER ROAD ZEPHYRHills, FLA. 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete LARKIN, JON P O BOX 1747 NA DADE CITY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☐ Delete VOGEL, JOHN T. 37837 MERIDIAN AVE., STE 314 DADE CITY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SCHRADER, THOMAS A. 1042 N. CURLEY ST SAN ANTONIO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete PHILLIPS, RANDALL L. 37837 MERIDIAN AVE., STE 314 DADE CITY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR-VICE PRES ☐ Delete KEN CARITHERS ☑ ADDITION P.O. Box 841 ODESSA, FLA. 33556	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED 1-10-02 352-567-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)