

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90114 040 \*\*\*150.00

DOCUMENT # K19825

1. Entity Name

C.A. STEELMAN, INC.

Principal Place of Business

4733 ORANGE RIVER LOOP RD  
FT MYERS FL 33905  
US

Mailing Address

P.O. BOX 51242  
E. FT MYERS FL 33944-1242  
US

2. Principal Place of Business

2275 BRUNER LANE

Suite, Apt. #, etc.

SUITE #1

3. Mailing Address

2275 BRUNER LANE

Suite, Apt. #, etc.

SUITE #1

City & State

FORT MYERS, FL.

City & State

FORT MYERS, FL.

4. FEI Number 65-0043542

Applied For

Not Applicable

Zip  
33912

Country  
USA

Zip  
33912

Country  
USA

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

STEELMAN, CHRISTOPHER ADAM  
4733 ORANGE RIVER LOOP RD.  
FT. MYERS FL 33905

Name

Street Address (P.O. Box Number is Not Acceptable)

2275 BRUNER LN.  
SUITE #1

City

FORT MYERS,

FL

Zip Code

33912

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, 2001 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

P  
STEELMAN, CHRISTOPHER A.  
4733 ORANGE RIVER LOOP RD.  
FT. MYERS FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

2275 BRUNER LN. SUITE #1  
FORT MYERS, FL. 33912

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris A. Steelman

01/18/01

Date

(941) 489-2296

Daytime Phone #

CR2E034 (10/00)