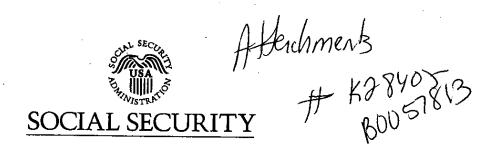
2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State **DOCUMENT # K28405** 1. Entity Name 05-17-2001 90407 038 ***150.00 MR. STEVE, INC. Principal Place of Business Mailing Address 180 B SOUTH FEDERAL HWY 180 B SOUTH FEDERAL HWY **BOCA RATON FL 33432 BOCA RATON FL 33432** UŞ UŚ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0063640 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSBORNE, R. BRADY, JR Street Address (P.O. Box Number is Not Acceptable) 998 S. FEDERAL HWY **BOCA RATON FL 33432** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Addition ☐ Change ☐ Delete TITLE TITLE TIPTON, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 5406 BAYSIDE DR CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SIGNING OFFICER OR DIRECTOR

FILED



MR STEVE INC 1808 S FED HWY BOCA RATON FL 33432

OR AGENCY.

SOCIAL SECURITY ADMINISTRATION WILKES-BARRE DATA OPERATIONS CTR. 1150 E. MOUNTAIN DR. WILKES-BARRE, PA. 18702

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						5/1/01	
					TELE	PHONE NUMBER:	
						1-800-775-7802	EXT. 1599
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ΗE	ENCLOSED	CHECK	·	FOR _	\$	150.00	

WAS APPARENTLY SENT TO US IN ERROR. THEREFORE, WE ARE

RETURNING IT TO YOU FOR FORWARDING TO THE PROPER INDIVIDUAL

AT THIS Time I was in THE MIDDLE OF A DIVERSE, A VERY Emotionar event in the MIX OF THINGS I sent my (UBR) TO THE SOCIAL Security ABMINISTRATION DATA DRELATION CENTER, ENCLOSED is the envelope they Returned with THE DATE SENT APRIL 300 PREASE HAVE METCY AND REPOSAMITE MY CORPORATION (65-0063640 FEI #) 561395.2544 SORRY