FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K 28825 1. Entity Name

Shot & Steve, Inc.



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90140 041 ***150.00

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	lace of Business	3. Mailing			ĺ					
1076	1 NW 5th Stre	<u>eet 1</u> 0761	NW 5th	Street						
Suite, Apt.	#, etc.	Suite, Ap			,	DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & St	ate		4	. FEI Number		Applied For		
Plan	tation, FL 33	3324 Plant	ation,	FL 3332	4	65-0062	2781	Not Applicable		
Zip	Country	Zip		Country				\$8.75 Additional		
	324 USA	333	324	USÁ		5. Certificate of Status		Fee Required		
				Name		Name and Address	of Current Registered	J Agent		
		production of Property of the Association and Manager	and the second second	Name	Howai	rd D. Bear	1			
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				-				1 = 0		
		A. S. Service Walling Co.	中国电影 湖北	City	Plant	tation	FL	Zip Code - 33324		
8. The above	named entity submits this st	atement for the purpose of	of changing its re-	gistered office or	registered :	agent, or both, in the	State of Florida, I am f			
the obligat	ions of registered agent.			-	•					
	21.		0.	,			2.4	0 03		
SIGNATURE .	20101	vard o	-Dla					8-03		
	Signature, typed or printed name of reg	CONTROL OF THE CONTRO	. (NOTE: Re	egistered Agent signati	ire required whe	n reinstating)	DATE			
	nuary 1 - May 1 Fee is \$1					O Floribas Co.		***		
	After May 1, Fee is \$550. Amended UBR is \$61.2					1	mpaign Financing Contribution.	\$5.00 May Be		
Make Check	Payable to Florida Depa			7		nust Fund (Sommounon	Added to Fees		
10.	OFFIC	ERS AND DIRECTORS		The Table	na en		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
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NAME	Bean, Howard			NAME	新新一直	Property Company	國際 医原性性 医皮肤			
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NAME				NAME				#國際關係公司 2017		
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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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

3-18-03 954-523-3545

Date