

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90076 034 ***150.00

DOCUMENT # K82400

1. Entity Name
STE-COM, INC.



Principal Place of Business
**285 LIVE OAK BLVD
CASSELBERRY FL 32707**

Mailing Address
**285 LIVE OAK BLVD
CASSELBERRY FL 32707**



2. Principal Place of Business

1488 Seminola Blvd
Suite, Apt. #, etc.

3. Mailing Address

1488 Seminola Blvd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Casselberry, FL

Zip
32707

Country
US

City & State
Casselberry, FL

Zip
32707

Country
US

4. FEI Number **59-2943816**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STEVENS, RONALD W
245 SHADY OAKS CIRCLE
LAKE MARY FL 32746**

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete
NAME **STEVENS, RONALD W**
STREET ADDRESS **245 SHADY OAKS CIRCLE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **V** ☐ Delete
NAME **JONES, KEITH**
STREET ADDRESS **975 SADIE LANE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☐ Delete
NAME **HERRMANN, CARRIE A**
STREET ADDRESS **509 KEESAMO WAY**
CITY-ST-ZIP **LAKE MARY FL 32771**

TITLE **V** ☐ Delete
NAME **TERRELL, BRITT**
STREET ADDRESS **1319 SASSAFRAS**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **S** ☐ Delete
NAME **TURNER, AMANDA D**
STREET ADDRESS **2240 CROAT ST**
CITY-ST-ZIP **MT DORA FL 32757**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: Amanda D Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03
Date

407-331-3144
Daytime Phone #

CR2E034 (10/02)