2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89026

1. Entity Name
STEVE HENRY DESIGN, INC.

10108798

Principal Place of Business	Mailing Address
4815 E BUSCH BLVD	4815 E BUSCH BLVD
SUITE 204	SUITE 204
TAMPA FL 33617	TAMPA FL 33617

2. Principal Place of Business
920 E Busch Blvd
Suite, Apt. #, etc.

3. Mailing Address
920 E. Busch Blvd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State	City & State
Tampa FL	Tampa FL
Zip 33612 Country USA	Zip 33612 Country USA

4. FEI Number 59-3032059

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENRY, STEVE
4815 E BUSCH BLVD
SUITE 204
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name Steve Henry
Street Address (P.O. Box Number is Not Acceptable) 920 E Busch Blvd
City Tampa FL Zip Code 33612

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]
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)

X 4/28/03
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		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HENRY, STEVE STREET ADDRESS 4815 E BUSCH BLVD #204 CITY-ST-ZIP TAMPA FL	☐ Delete	TITLE Pres NAME Steve Henry STREET ADDRESS 920 E. Busch Blvd CITY-ST-ZIP Tampa FL 33612	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 empowered.

SIGNATURE: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/28/03
Date   Daytime Phone #