

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

034491 AV

**DOCUMENT # M56528**

Entity Name  
**STEADY REALTY, INC.**

02-20-2002 90122 013 \*\*\*150.00

Principal Place of Business <b>30 PAUL J. STEADY</b> <b>31 NE 47TH ST.</b> <b>FT. LAUDERDALE FL 33334</b>	Mailing Address <b>120 E OAKLAND PK BLVD</b> <b>SUITE 105</b> <b>FT. LAUDERDALE FL 33334</b>
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**80029888**



Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>65-0003331</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>STEADY, PAUL J.</b> <b>31 NE 47TH ST.</b> <b>FT. LAUDERDALE FL 33334</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	NAME <b>STEADY, PAUL J.</b>	TITLE	NAME
STREET ADDRESS <b>31 NE 47TH ST.</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33334</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>VP</b>	NAME <b>DAVIDSON, TIMOTHY R</b>	TITLE	NAME
STREET ADDRESS <b>2000 NW 44 ST</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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:** *Paul J. Steady* **PAUL J. STEADY** Date **2/6/02** Daytime Phone # **954-491-0075**

CR2E034 (9/01)