## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #**

P00000049960

1. Entity Name

STEVEN HATFIELD, INC.



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90231 046 \*\*\*150.00

Principal Place of Business  920 SE 17TH STREET  DEERFIELD BEACH FL 33441  2. Principal Place of Business  Mailing Address  920 SE 17TH STREET  DEERFIELD BEACH FL 33441  DEERFIELD BEACH FL 33441			
2. Principal Place of Business 3. Mailing Address			
2. Principal Place of Business 3. Mailing Address			
		<b>3     31     1 </b>	
Suite, Apt. #, etc.   CHECK HERE IF MAKING CH	HANGES		
City & State City & State 4. FEI Number 65-101395 3	<b>→</b>	oplied For ot Applicable	
Zip Country Zip Country 5. Certificate of Status Desired	. <b>75</b> Add		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agen	•		
Name			
HATFIELD, STEVEN  920 SE 17TH STREET  Street Address (P.O. Box Number is Not Acceptable)			
DEERFIELD BEACH FL 33441			
City	Zip Code	e	
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 family the obligations of registered agent.	liar with, a	and accept	
SIGNATURE			
Signature, typed or original name of registered agent and title if applicable (NOTE: Registered Agent signature required when rejectation).	<del></del>	<del></del>	
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  9. Election Campaign Financing Trust Fund Contribution		<b>0</b> May Be	
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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 period 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 impowered 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

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition