2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

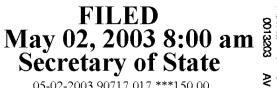
P00000086358

A & M STEAMERS, INC.

Principal Place of Business 2047 S PENINSULA DR

Mailing Address

2047 S PENINSULA DR



05-02-2003 90717 017 ***150.00



DAYTONA BE	ACH FL 3211	В	DAYTONA BEACH FL 32118									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е		City & State				4.	4. FEI Number Applied For Not Applicable				
Zip Country Zip				Country			5.	Certificate of Status Desired		8.75 Add	litional	
	6. Name	and Address of Current	Registere	ed Agent		T	7.	Name and Address of New R	egistered Ag	ent		
				· · · · · · · · · · · · · · · · · · ·		Name						
MCKERNAN, ANNE D						Street Address (P.O. Box Number is Not Acceptable)						
	ENINSULA I A BEACH FI							· ·		<u>. </u>		
2000						City			FL	Zip Code	e	
the obligat	ions of regist		or the purp	ose of changing its r	egister	ed office or re	egistered ag	ent, or both, in the State of Flo	rida. 1 am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	licable (NOTE:	Registere	d Agent signature	required when r	einstating)	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 Fin Trust Fund Contribution			O May Be to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		A	DDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2047 S PE	IN, ANNE D ENINSULA DR BEACH FL 32118		☐ Delete						☐ Change	☐ Addition	
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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 peport 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 pather like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #