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

May 01, 2003 8:00 am § Secretary of State P00000087683 DOCUMENT # 05-01-2003 91012 024 \*\*\*150.00 1. Entity Name STEPHEN K. HOWARD OF TEQUESTA INC. Principal Place of Business Mailing Address 3500 S. KANNER HWY 3500 S. KANNER HWY #61 STUART FL 34994 STUART FL 34994 2. Principal Place S. Mann Mailing Address 500 5 Kanne Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-1040301 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 5 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWARD, STEPHEN K Street Address (P.O. Box Number is Not Acceptable) 3409 HARBOR RD. SOUTH **TEQUESTA FL 33469** City 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. Stephen K. Howard (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150:00 9. Efection Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☑ Change ☐ Addition CR2E034 (10/02) TITLE Delete TITLE HOWARD, STEPHEN K Stephen K NAME NAME 3409 HARBOR RD. SOUTH STREET ADDRESS STREET ADDRESS **TEQUESTA FL 33469** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addition NAME HOWARD, VICTORIA NAME STREET ADDRESS 3409 HARBOR RD SOUTH STREET ADDRESS CITY-ST-ZIP TEQUESTA FL 33469 CITY-ST-ZIP Delete TITLE Change
Ch ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: