Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Nan	(Document #)  UUUUU451855U8  -08/05/010128028
(Corporation Nam	ne) (Document #) ***********************************
(Corporation Nam	ne) (Document #)
	up time Certified Copy  AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other  Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 14, 2001

STEPHEN POLACEK 1213 20TH AVENUE EAST TAMPA, FL 33605

SUBJECT: STEVE POLACEK, INC.

Ref. Number: P00000102566

We have received your document for STEVE POLACEK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Corporate Specialist

Letter Number: 701A00046460

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Status the undersigned corporation organized under the laws of the State ofFCRIDA	tes,
ubmits the following statement in order to change its registered office or registered agent, or both, he State of Florida	— , in
. The name of the corporation: STEVE POLACEK, INC	
TAMPA FC 33605	
. Date of incorporation/qualification: 11/01/2000 Document number: P90000 102	566
The name and address of the current registered agent and office:  5 FIEGE C & VIRERA PA	
343 ALMERIA AVE	
CORAL GABBIS, FC 33/34 DO 0	
The name and address of the new registered agent (if changed) and/or registered office (if changed)  (P. O. Box Not Acceptable)	: 1
STEPHEN POLACEK SET 2	1
1213 20TH AVENUE AST	
TAMPA FI 33605	
he street address of its registered office and the street address of the business office of its registere gent, as changed, will be identical.	:d
uch change was authorized by resolution duly adopted by its board of directors or by an officer so thorized by the board.	
(Signature of an officer, chairman or vice chairman of the board)  (Date)	
(Signature of an officer, chairman or vice chairman of the board)  (Date)	
(Printed or typed name and title)	
aving been named as registered agent and to accept service of process for the above stated reporation, I hereby accept the appointment as registered agent and agree to act in this capacity. Further agree to comply with the provisions of all statutes relative to the proper and complete reformance of my duties, and I am familiar with and accept the obligation of my position as gistered agent.	
9-27-4	
(Signature of Registered Agent) (Date)	=
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)