

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073823

1. Entity Name
STEAM-PATH SOLUTIONS, INC.

Principal Place of Business
POST OFFICE BOX 16527
FERNANDINA BEACH FL 32035

Mailing Address
POST OFFICE BOX 16527
FERNANDINA BEACH FL 32035

2. Principal Place of Business
4000 AMELIA IS. PKWY
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 16527
Suite, Apt. #, etc.

City & State
FERNANDINA BEACH, FL
Zip
32035 32034
Country
USA

City & State
FERNANDINA BEACH, FL
Zip
32035-3126
Country
USA

4. FEI Number
59-3733217
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AKEL, EDWARD C
1 INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	QUINN, FRANCIS J	
STREET ADDRESS	POST OFFICE BOX 16527	
CITY-ST-ZIP	FERNANDINA BEACH FL 32035	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINN, SHIRLEY C	
STREET ADDRESS	POST OFFICE BOX 16527	
CITY-ST-ZIP	FERNANDINA BEACH FL 32035	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSZELL, NANCY R	
STREET ADDRESS	POST OFFICE BOX 16527	
CITY-ST-ZIP	FERNANDINA BEACH FL 32035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, FRANCIS J.	
STREET ADDRESS	4440 S. FLETCHER	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, SHIRLEY C.	
STREET ADDRESS	4440 S. FLETCHER	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSZELL, NANCY R.	
STREET ADDRESS	2159 W. SR-200	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 807, 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: FRANCIS J. QUINN, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02
Date

904-261-0040
Daytime Phone #

4/
FILED
May 24, 2002 8:00 am
Secretary of State

04-15-2002 90048 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)