

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90157 001 ***300.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104091

1. Entity Name
UNCLE STEVE'S AUTOGRAPHS AND MORE, INC

DO NOT WRITE IN THIS SPACE

44005305

2. Principal Place of Business
4944 NW 116TH AVE PARK PLACE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL
Zip
33076

City & State

Zip

Country

4. FCI Number
65-1148VW

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **STEVEN LEVIN**

Street Address (P.O. Box Number is Not Acceptable)
4944 NW 116TH AVE PARK PLACE

City **CORAL SPRINGS FL**

Zip Code

33076

**DO NOT WRITE
IN THIS SPACE**

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, name of person or persons registered agent and title if applicable

(NOTE: Registered Agent signature required when completing)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME
LEVIN STEVEN
STREET ADDRESS
4944 NW 116TH AVE PARK PLACE
CITY, ST, ZIP
CORAL SPRINGS, FL 33076

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplied with this 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 11 or on an attachment with an address, with an office, or as empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

7-3-03

954 501-7111

DATE

Telephone Number

CR20346 (12/01)