

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90045 047 ***158.75

DOCUMENT # P01000121282



1. Entity Name
STEELEY, REID, PASSARO CAPITAL AND CREDIT, INC.

Principal Place of Business
**7409 CARLTON ARMS DR SUITE C
NEW PT RICHEY FL 34653**

Mailing Address
**7409 CARLTON ARMS DR SUITE C
NEW PT RICHEY FL 34653**



2. Principal Place of Business
P.O. Box 1714
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1714
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number **26-0025648**

Applied For
 Not Applicable

Zip
33601

Country

Zip
33601

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASSARO, ANGELA R
~~**7409 CARLTON ARMS DR SUITE C**~~
~~**NEW PT RICHEY FL 34653**~~

Name **PASSARO, ANGELA R.**
Street Address (P.O. Box Number is Not Acceptable)
HOSPITALITY HOUSE
1603 NORTH FLORIDA AVE
City **TAMPA** FL Zip Code **33602**

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.

SIGNATURE *Angela R. Passaro* **ANGELA R. PASSARO** **043003**
Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** Delete
NAME **PASSARO, ANGELA R**
STREET ADDRESS ~~**7409 CARLTON ARMS DRIVE, SUITE C**~~
CITY-ST-ZIP ~~**NEW PORT RICHEY FL 34653**~~

TITLE Change Addition
NAME
STREET ADDRESS **P.O. Box 1714**
CITY-ST-ZIP **TAMPA, FL 33601**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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TITLE Change Addition
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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angela R. Passaro* **ANGELA R. PASSARO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

043003 **813.295.2083**
Date Daytime Phone #

CR2E034 (10/02)