


FILED  
Apr 14, 2003 8:00 am  
Secretary of State

04-14-2003 90726 040 \*\*\*150.00

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

<b>DOCUMENT # P02000048193</b>		
1. Entity Name <b>STEVE TRUCKS, INC.</b>		
Principal Place of Business <b>8930 WEST STATE ROAD 84 FORT LAUDERDALE, FL 33324</b>		Mailing Address <b>8930 WEST STATE ROAD 84 FORT LAUDERDALE, FL 33324</b>
2. Principal Place of Business <b>62 Indian Trace Suite, Apt. #, etc. Box # 299 City &amp; State Weston, FL Zip 33326</b>		3. Mailing Address <b>62 Indian Trace Suite, Apt. #, etc. Box # 299 City &amp; State Weston, FL Zip 33326</b>
4. FEI Number <b>01-0684158</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1040 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name <b>Stephen F. Lonsche</b> Street Address (P.O. Box Number is Not Acceptable) <b>62 Indian Trace Box 299 City Weston FL Zip Code 33326</b>
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 <u>Stephen F. Lonsche</u> <b>Stephen F. Lonsche, Pres. 4-9-03</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when renewing)</small> 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <b>PSTD</b> <input type="checkbox"/> Delete NAME <b>LANSCHE, STEPHEN F</b> STREET ADDRESS <b>8930 WEST STATE ROAD 84</b> CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33324</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>62 Indian Trace Box 299</b> CITY-ST-ZIP <b>Weston, FL 33326</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: <u>Stephen F. Lonsche</u> <b>Stephen F. Lonsche, Pres. 4-9-03 954-647-3226</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)