2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED P02000081418 **DOCUMENT #** 03 JUL -7 MM 9: 11 1. Entity Name STEFFCO, INC. TALEAHASSEE, FLORIDA Principal Place of Business Mailing Address 609 CEDAR LANE 609 CEDAR LANE LADY LAKE FL 32159 LADY LAKE FL 32159 2. Principal Place of Business 3. Mailing Address 12-24-02 01004 006 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 06-16407 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. aent Name STEFFENS, HE Street Address (P.O. Box Number is Not Acceptable) 609 CEDAR LA LADY LAKE FL City Zip Code 8. The above name of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete TITLE Change STEFFENS, HENRY NAME NAME 000009649810 **609 CEDAR LANE** STREET ADDRESS STREET ADDRESS 07/09/03--01009--016 **80.00 LADY LAKE FL 32159 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition STEFFENS, CAROLYN J NAME NAME 609 CEDAR LANE STREET ADDRESS STREET ADDRESS LADY LAKE FL 32159 CITY-ST-ZIP CITY-ST-ZIP TITLE TREA Change TITLE ☐ Delete ☐ Addition STEFFENS, CAROLYN J NAME NAME 609 CEDAR LANE STREET ADDRESS STREET ADDRESS LADY LAKE FL 32159 CITY-ST-ZIP CITY-ST-ZIP SEC TITLE ☐ Delete TITLE ☐ Change ☐ Addition STEFFENS, CAROLYN J NAME **609 CEDAR LANE** STREET ADDRESS STREET ADDRESS LADY LAKE FL 32159 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OF PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

Date

3 352-259-0637

7-3-03 Steff Co, IN, C. 609 Ced or Care Cady lake 171. 33159 352-259-0637 70 Sean Poner Dept of State POBOX6327 P0 50 X 632/ Tallahassee F1 32302 1500 Sean; I spake with you # P02000 8/4/8concerning UBR filed Dec. 20 2002 Flower been sent a cheek for 70.00 - should have been \$150.00. Amendosing a check tor 80.00 Tank you Caroly Steffers