

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90072 028 ***150.00

DOCUMENT # **P93000082007**



1. Entity Name
STEVEN PATRICK REALTY, INC.

Principal Place of Business
**852 S FEDERAL HWY
POMPANO BEACH FL 33062
US**

Mailing Address
**852 S FEDERAL HWY
POMPANO BEACH FL 33062
US**

JUL 11 11 10



2. Principal Place of Business
120 EAST OAKLAND PARK BLVD

3. Mailing Address
120 EAST OAKLAND PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

105-84

105-84

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

4. FEI Number **65-0452696**

Applied For
Not Applicable

Zip
33334

Country
USA

Zip
33334

Country
USA

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

**O'SHAUGHNESSY, STEVE
852 S FEDERAL HWY
POMPANO BEACH FL 33062**

Name
Street Address (P.O. Box Number is Not Acceptable)
**120 EAST OAKLAND PARK BLVD
#105-84
City FORT LAUDERDALE FL Zip Code 33334**

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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	P O'SHAUGHNESSY, STEVE 852 S FEDERAL HWY POMPANO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
120 EAST OAKLAND PARK BLVD, #105-84 FORT LAUDERDALE, FL 33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Steve O'Shaughnessy** **STEVE O'SHAUGHNESSY** 1/31/03 954 868-4608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)