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

## P95000000828 DOCUMENT #

1. Entity Name

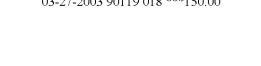
STEVE'S CUSTOM TOUCH, INC.



Mailing Address Principal Place of Business 1618 ST. CATHERINE DRIVE WEST 1618 ST. CATHERINE DRIVE WEST DUNEDIN FL 34698-4403 DUNEDIN FL 34698-4403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 59-3287016 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TROIANO, STEVE Street Address (P.O. Box Number is Not Acceptable) 1618 ST. CATHERINE DRIVE WEST **DUNEDIN FL 34698-4403** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Change Addition TITLE TITLE TROIANO, STEVE NAME NAME 1618 ST. CATHERINE DRIVE WEST STREET ADDRESS STREET ADDRESS

**FILED** Mar 27, 2003 8:00 am \( \frac{8}{2} \) **Secretary of State** 

03-27-2003 90119 018 \*\*\*150.00



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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 trusted 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 trusted and the same 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 add

SIGNATURE: