

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90986 035 \*\*\*150.00

**DOCUMENT # P95000037163**

1. Entity Name  
**STEVE'S PATIO SHACK, INC.**



Principal Place of Business

~~4335 W. BRANDON BLVD.~~  
~~SUITE E~~  
**BRANDON FL 33511**  
**US**

Mailing Address

~~1335 W. BRANDON BLVD.~~  
~~SUITE E~~  
**BRANDON FL 33511**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**428 W. BRANDON BLVD**

Suite, Apt. #, etc.

**428 W. BRANDON BLVD**

City & State

**BRANDON FL**

City & State

**BRANDON FL**

Zip

**33511**

Country

**HILLS.**

Zip

**33511**

Country

**HILLS**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3321847**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HARDY, STEPHEN G**

~~1335 W. BRANDON BLVD.~~

**BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name

**HARDY, STEPHEN G.**

Street Address (P.O. Box Number is Not Acceptable)

**428 W. BRANDON BLVD**

City

**BRANDON**

**FL**

Zip Code

**33511**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>HARDY, STEPHEN G</b>	
STREET ADDRESS	<b>1335 W. BRANDON BLVD.</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>428 W. BRANDON BLVD</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-3-03**

**813 681-9160**

CR2E034 (10/02)