

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059440

1. Entity Name

STEAMWAY OF NORTH FLORIDA, INC.

FILED

Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90096 033 ***550.00

Principal Place of Business

156 MILL CREEK ROAD
JACKSONVILLE FL 32211
US

Mailing Address

156 MILL CREEK ROAD
JACKSONVILLE FL 32211
US

2. Principal Place of Business

4163 Phillips Hwy

Suite, Apt. #, etc.

3. Mailing Address

4163 Phillips Hwy

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32207

Country

City & State

Jacksonville FL

Zip

32207

Country

4. FEI Number

59-3152116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NINESLING, SHAWN S
156 MILL CREEK RD.
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

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

4163 Phillips Hwy

City

Jacksonville

FL

Zip Code

32207

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.

SIGNATURE

Shawn S. Ninesling

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See "Criteria" on back)

☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **NINESLING, SHAWN S**
STREET ADDRESS **156 MILL CREEK RD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **4163 Phillips Hwy**
CITY-ST-ZIP **Jax FL 32207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shawn S. Ninesling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-00 904-744-8000

Date

Daytime Phone #

CR2E034 (5/00)