2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000065148** Feb 28, 2000 8:00 am Secretary of State THE STEAM TEAM OF N.W. FLA., INC. 02-28-2000 90075 020 ***150.00 Mailing Address Principal Place of Business 532 S. BONITA AVENUE P.O. BOX 802 PANAMA CITY FL 32402-0802 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3330104 Not Applicable 高级百分的证 \$8.75 Additional Country: Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GROSS, KYLE A Street Address (P.O. Box Number is Not Acceptable) 2611 COUNTRY CLUB DRIVE LYNN HAVEN FL 33244 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Delete TITLE Change Addition TITLE GROSS, KYLE NAME NAME STREET ADDRESS STREET ADDRESS 532 S BONITA AVENUE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Change ☐ Addition ☐ Delete TITLE TITLE GROSS, MARK NAME NAME STREET ADDRESS STREET ADDRESS 532 S BONITA AVENUE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change ☐ Addition Delete TITLE GROSS: DONNA NAME STREET ADDRESS 2611 COUNTRYCLUB DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL Change ☐ Addition □ Delete TITLE TITLE GROSS, FRANK NAME STREET ADDRESS 2611 COUNTRY CLUB DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change □ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

MAGRICOSE REPORT Cross

2/20/00

(800)271-1667

Daytime Phone #