

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90230 019 ***150.00

DOCUMENT # P95000065148

1. Entity Name
THE STEAM TEAM OF N.W. FLA., INC.



Principal Place of Business
532 S. BONITA AVENUE
PANAMA CITY FL 32401
US

Mailing Address
P.O. BOX 802
PANAMA CITY FL 32402
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3330104

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSS, KYLE A
2611 COUNTRY CLUB DRIVE
LYNN HAVEN FL 33244

Name
GROSS, MARK
Street Address (P.O. Box Number is Not Acceptable)
532 S. BONITA AVE
City **PANAMA CITY** **FL** **Zip Code** **32401**

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 **MARK J GROSS** **Mark Gross** **3/19/03**
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 **P** ☐ **Delete**
NAME **GROSS, KYLE**
STREET ADDRESS **532 S BONITA AVENUE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **GROSS, MARK**
STREET ADDRESS **532 S. BONITA AVE.**
CITY-ST-ZIP **PANAMA CITY FL.**

TITLE **V** ☐ **Delete**
NAME **GROSS, MARK**
STREET ADDRESS **532 S BONITA AVENUE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **V** ☒ **Change** ☐ **Addition**
NAME **GROSS, Cindy**
STREET ADDRESS **532 S. BONITA AVE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **T** ☐ **Delete**
NAME **GROSS, DONNA**
STREET ADDRESS **2611 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LYNN HAVEN FL**

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

TITLE **S** ☐ **Delete**
NAME **GROSS, FRANK**
STREET ADDRESS **2611 COUNTRY CLUB DR**
CITY-ST-ZIP **LYNN HAVEN FL**

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

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

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

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

TITLE ☐ **Change** ☐ **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: **MARK J GROSS** **3/19/03 (850) 271-1667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)