

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90875 002 ***150.00

DOCUMENT # P95000078504

1. Entity Name
STEVE'S T.V. INC.

Principal Place of Business
9300 49TH ST NORTH
PINELLAS PARK FL 33782
US

Mailing Address
9300 49TH ST N
PINELLAS PARK FL 33782
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 **59-3341482**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

RAMSEY, STEPHEN C
1044 57 AVE NORTH
ST PETE FL 33703

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **RAMSEY, STEPHEN C**
 STREET ADDRESS **1044 57 AVEN N**
 CITY-ST-ZIP **ST PETE FL**

TITLE **V** ☐ Delete
 NAME **RAMSEY, MARY A**
 STREET ADDRESS **1044 57 AVE N**
 CITY-ST-ZIP **ST PETE FL**

TITLE **S** ☐ Delete
 NAME **RAMSEY, MARY A**
 STREET ADDRESS **1044 57 AVE N**
 CITY-ST-ZIP **ST PETE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **P** ☒ Change ☐ Addition
 NAME **RAMSEY, STEPHEN C**
 STREET ADDRESS **6550 Shoreline DR. # 7405**
 CITY-ST-ZIP **ST PETE FL 33708**

TITLE **V** ☒ Change ☐ Addition
 NAME **RAMSEY MARY A**
 STREET ADDRESS **6550 Shoreline DR. # 7405**
 CITY-ST-ZIP **ST PETE FL 33708**

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

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

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

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: Mary A Ramsey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02
 Date

727-546-9144
 Daytime Phone #

CR2E034 (9/01)