

DOCUMENT # P97000104035

1. Entity Name
MICHAEL P. STEVE, INC.Principal Place of Business
415 PABLO AVENUE
SUITE 101
JACKSONVILLE FL 32250-5530Mailing Address
415 PABLO AVENUE
SUITE 101
JACKSONVILLE FL 32250-55302. Principal Place of Business
413 PABLO AVE3. Mailing Address
413 PABLO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE BEACH, FLCity & State
JACKSONVILLE BEACH, FL

Zip 32250-5540

Country USA

Zip 32250-5540

Country USA

6. Name and Address of Current Registered Agent

Name

STEVE, MICHAEL P
413 PABLO AVE
JACKSONVILLE FL 32250-5530

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

City

FL Zip Code

4. FEI Number 59-3486682
Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE, MICHAEL P 415 PABLO AVENUE JACKSONVILLE FL 32250-5530	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	413 PABLO AVE JACKSONVILLE BEACH, FL 32250-5540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael P. Steve* MICHAEL P. STEVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 4, 2001 246-8011

Date

Daytime Phone #

(904)