

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104035

1. Entity Name  
MICHAEL P. STEVE, INC.

Principal Place of Business  
413 PABLO AVE  
SUITE 101  
JACKSONVILLE BEACH FL 32250-5540

Mailing Address  
413 PABLO AVE  
SUITE 101  
JACKSONVILLE BEACH FL 32250-5540

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 59-3486682

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
MICHAEL P. STEVE, INC  
Street Address (P.O. Box Number is Not Acceptable)  
413 PABLO AVENUE  
City JACKSONVILLE BEACH FL Zip Code 32250-5540

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEVE, MICHAEL P  
415 PABLO AVENUE  
JACKSONVILLE FL 32250-5530 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2002 246-8011  
Date Daytime Phone #

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90069 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0035470 AV

CR2E034 (9/01)

Attachment  
902936  
#P91000104035



PLEASE CORRECT  
THE ADDRESS (NO  
SUITE #)

I HAVE REPORTED THIS  
CHANGE TO YOU SEVERAL  
TIMES BEFORE

PAY YOURSELF FIRST™