


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90037 003 ***150.00

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
413 PABLO AVENUE

3. Mailing Address
413 PABLO AVENUE

Suite, Apt. #, etc.

City & State
JACKSONVILLE BEACH, FL

City & State
JACKSONVILLE BEACH, FL

Zip
32250-5540

Country
USA

Zip
32250-5540

Country
USA

6. Name and Address of Current Registered Agent

STEVE, MICHAEL P., INC.

413 PABLO AVE

JACKSONVILLE BEACH FL 32250-5540

4. FEI Number **59-3486682**

Applied For
☐ Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 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	<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

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: *Michael P. Steve* **REQUIRED** *January 3, 2003* *246-8011*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)

Please note.

attachment

P97000104035
40000148

I've been trying for years to
get the suite # deleted

There is no suite # at

this address.