

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P97000105958

1. Entity Name

STEELSTYLE, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-02-2000 90142 022 ***150.00

Principal Place of Business 80 BAYBRIDGE DRIVE GULF BREEZE FL 32561	Mailing Address 1618 EAST LA RUA PENSACOLA FL 32501
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2. Principal Place of Business 1618 EAST LA RUA	3. Mailing Address 1618 EAST LA RUA
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PENSACOLA FL	City & State PENSACOLA FL
Zip 32501	Zip 32501
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

59-3648735

4. FEI Number APPLIED FOR	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOLEY, JOHN C 80 BAYBRIDGE DRIVE GULF BREEZE FL 32561	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1618 EAST LA RUA City PENSACOLA FL Zip Code 32501
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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 JOHN C FOLEY	DATE 4/24/00
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, JOHN C 80 BAYBRIDGE DRIVE GULF BREEZE FL 32561 <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	D FOLEY, MARVE A 80 BAYBRIDGE DRIVE GULF BREEZE FL 32561 <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
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
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: JOHN C FOLEY	DATE 4/24/00	DAYTIME PHONE # 850-4341145
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CR2E034 (9/99)