

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91466 022 \*\*\*150.00

DOCUMENT # P98000010987

1. Entity Name  
STEVE & JUDY, INC.



Principal Place of Business  
1005 N. A1A  
FLAGLER BEACH FL 32136

Mailing Address  
~~1005 N. A1A~~ P.O. BOX 638  
FLAGLER BEACH FL 32136

44005385

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3490495

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

O'SULLIVAN, STEVEN D  
1005 N. A1A  
FLAGLER BEACH FL 32136

Name CHARLES M. HERN  
Street Address (P.O. Box Number is Not Acceptable)  
P.O. BOX 328  
300 S. CENTRAL AVE Suite 101  
City FLAGLER BEACH 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 *Charles M. Hern*

(NOTE: Registered Agent Signature required when reinstating)

4-25-03

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	P	<input checked="" type="checkbox"/> Delete
NAME	O'SULLIVAN, STEVEN D	
STREET ADDRESS	1768 N. CENTRAL	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	O'SULLIVAN, JUDY A	
STREET ADDRESS	1768 N. CENTRAL	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President, Inc. 1768 N. CENTRAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph D. Robertson Jr.	
STREET ADDRESS	P.O. BOX 638	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Joseph D. Robertson Jr.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 (386) 439-4580

Date

Daytime Phone #

CR2E034 (10/02)