

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90142 038 ***150.00

DOCUMENT # P99000019982

1. Entity Name
STEINHAUS AND SON, INC.



Principal Place of Business
4913 SW 18 AVE
CAPE CORAL FL 33914

Mailing Address
4913 SW 18 AVE
CAPE CORAL FL 33914

2. Principal Place of Business
409 SE 2ND ST

3. Mailing Address
409 SE 2ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

Zip
33990

Country
FL

Zip
33990

Country
FL



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0915814**

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

ESWAY, CHRISTOPHER D
4031 SW 7TH PLACE
FORT MYERS FL 33913

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **S**
NAME **STEINHAUS, JLSE**
STREET ADDRESS **4913 SW 18 AVE**
CITY-ST-ZIP **CAPE CORAL FL 33813**

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

TITLE **P**
NAME **STEINHAUS, HANS-DIETER**
STREET ADDRESS **4913 SW 18 AVE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE
NAME **STEINHAUS H-DIETER**
STREET ADDRESS **409 SE 2ND ST**
CITY-ST-ZIP **CAPE CORAL FL 33990** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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: *Flora Dieter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.01.03

Date

Daytime Phone #

CR2E034 (10/02)