

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90110 029 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P99000040053  
 1. Entity Name  
 STEVE YURMAN, INC.

**DO NOT WRITE IN THIS SPACE**

80056772

2. Principal Place of Business  
 3800 WASHINGTON RD #212  
 Suite, Apt. #, etc.

3. Mailing Address  
 3800 WASHINGTON RD #212  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 WEST PALM BEACH, FL

City & State  
 WEST PALM BEACH, FL

4. FEI Number  
 65-0920773

Applied For  
 Not Applicable

Zip  
 33405

Country  
 USA

Zip  
 33405

Country  
 USA

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 MICHAEL J. FAIRCLOUGH

Street Address (P.O. Box Number is Not Acceptable)  
 11380 PROSPERITY FARMS RD. #112

City  
 PALM BEACH GARDENS

FL

Zip Code  
 33410

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)

January 1 - May 1, Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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	PD YURMAN, STEVE 3800 WASHINGTON RD #212 WEST PALM BECH, FL 33405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steve Yurman 3-19-02 (561) 804-6684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #