


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90180 036 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000040053

1. Entity Name
STEVE YURMAN, INC.



Principal Place of Business
 3800 WASHINGTON RD
 #212
 WEST PALM BEACH, FL 33405

Mailing Address
 525 KIRK ROAD
 WEST PALM BEACH, FL 33406 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 3800 Washington Rd
 Suite, Apt. #, etc.
 #212
 City & State
 West Palm Beach, FL
 Zip
 33405

Country
 USA



CHECK HERE IF MAKING CHANGES

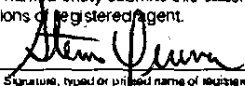
4. FEI Number **65-0920773** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 FAIRCLOUGH, MICHAEL J
 11320 PROSPERITY FARMS RD
 #112
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
 Name **Steve Yurman**
 Street Address (P.O. Box Number is Not Acceptable)
 3800 Washington Rd # 212
 City **West Palm Beach** FL Zip Code **33405**

B. 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  DATE **4-3-03**

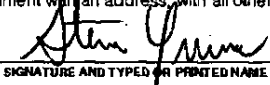
(NOTE: Registered Agent Signature required when reinstating)

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	PD YURMAN, STEVEN A 3800 WASHINGTON RD #212 WEST PALM BEACH, FL 33405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **4-3-03** 561-804-9498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)