

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90334 041 ***150.00

0399176 AV

DOCUMENT # P99000048332
 1. Entity Name
STEIGER PLAZA PARTNERS, INC.

Principal Place of Business 104 2ND STREET JUPITER FL 33458	Mailing Address 104 2ND STREET JUPITER FL 33458
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 104 2nd St.	3. Mailing Address 104 2nd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jupiter, FL	City & State Jupiter FL	4. FEI Number 65-0924617	Applied For <input type="checkbox"/>
Zip 33458	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLACK, JOSEPH M 104 2ND STREET JUPITER FL 33458	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.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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

TITLE P	<input type="checkbox"/> Delete
NAME GREENFIELD, HOWARD R	
STREET ADDRESS 10405 HIGH FALLS CIR	
CITY-ST-ZIP ALPHARETTA GA 30022	
TITLE VPT	<input type="checkbox"/> Delete
NAME BLACK, JOSEPH M	
STREET ADDRESS 3500 45TH ST, SUITE ONE	
CITY-ST-ZIP WEST PALM BEACH FL 33407	
TITLE S	<input type="checkbox"/> Delete
NAME CULBERTSON, BARRY	
STREET ADDRESS 4040 NINE MCFARLAND, SUITE 950	
CITY-ST-ZIP ALPHARETTA GA 30201	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Joseph M Black* **REQUIREMENT** **3/20/02** **(561) 748-8830**

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

CR2E034 (9/01)