

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90090 006 ***150.00

DOCUMENT # *P99000075206*

1. Entity Name

MARK A. STEFFINE, D.C., P.A.



DO NOT WRITE IN THIS SPACE

70027104

2. Principal Place of Business

6411 TAFT ST.

Suite, Apt. #, etc.

3. Mailing Address

1998 SE 17 CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL

City & State

POMPANO BEACH, FL

4. FEI Number

65-0943453

Applied For

Not Applicable

Zip

Country

33024 USA

Zip

Country

33062-7618 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARK A. STEFFINE

Street Address (P.O. Box Number is Not Acceptable)

1998 S.E. 17 CT

City

POMPANO BEACH FL

Zip Code

33062-7618

**DO NOT WRITE
IN THIS SPACE**

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

3/1/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *PRESIDENT*
NAME *MARK A. STEFFINE*
STREET ADDRESS *1998 SE 17 CT*
CITY-ST-ZIP *POMPANO BEACH, FL 33062-7618*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *SEC/TREAS*
NAME *KAREN KIM CASEY- STEFFINE*
STREET ADDRESS *1998 S.E. 17 CT*
CITY-ST-ZIP *POMPANO BEACH, FL 33062-7618*

TITLE
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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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/03 954 683-3843

CR2E034B (12/02)