

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90141 025 \*\*\*150.00

0415716 AV

**DOCUMENT # P99000095252**

**1. Entity Name**  
**STEELE MARKETING, INC.**



**Principal Place of Business**  
840 NW 21ST WAY 120 YACHT CLUB Way  
DELRAY BEACH FL 33445 #107  
Hypoluxo FL 33462

**Mailing Address**  
840 NW 21ST WAY  
DELRAY BEACH FL 33445

**2. Principal Place of Business**  
120 YACHT CLUB Way  
Suite, Apt. #, etc.  
#107

**3. Mailing Address**  
120 YACHT CLUB Way  
Suite, Apt. #, etc.  
#107

**City & State**  
Hypoluxo FL

**City & State**  
Hypoluxo FL

**Zip**  
33462

**Country**  
USA

**Zip**  
33462

**Country**  
USA

**4. FEI Number** 65-0964598

**Applied For**  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

LESSNER, EVELYN  
3115 SOUTH OCEAN BLVD., #701  
HIGHLAND BEACH FL 33487

**7. Name and Address of New Registered Agent**

**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** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P ☐ Delete  
**NAME** STEELE, MICHELE  
**STREET ADDRESS** 840 NW 21 WAY  
**CITY-ST-ZIP** DELRAY BEACH FL 33445

**TITLE** P ☒ Change ☐ Addition  
**NAME** Steele, Michele  
**STREET ADDRESS** 120 YACHT CLUB way #107  
**CITY-ST-ZIP** Hypoluxo, FL 33462

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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

**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:** \_\_\_\_\_ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 561) 493-1230  
Date Daytime Phone #

CR2E034 (10/02)