FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # P99000096664 1. Entity Name 02-21-2002 90150 003 ***150.00 STEFFEN'S DOCKS, INC. Principal Place of Business Mailing Address 4045 COX DRIVE 4045 COX DRIVE LAND O'LAKES FL 34639 LAND O'LAKES FL 34639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3607366 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEFFENS, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 4045 COX DRIVE LAND O'LAKES FL 34639 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE - Addition TITLE □ Delete NAME STEFFENS, JOSEPH NAME STREET ADDRESS STREET ADDRESS 4045 COX DR CIT#-ST-ZIP Land o lakes FL 34639 CITY-ST-ZIP **▼** Delete (X) Addition TITLE TITLE NAME MOREY, JAY NAME STREET ADDRESS 12130 FAIRWAY AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** ☐ Delete TITLE Change - Addition NAME NAME HORN, JEFF STREET ADDRESS STREET ADDRESS 12130 FAIRWAY AVENUE CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ·CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath, that I am an officer or director of the corporation or the receiver of 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