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03 JUN 24 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096664

1. Entity Name
STEFFEN'S DOCKS, INC.

Principal Place of Business	Mailing Address
4045 COX DRIVE LAND O'LAKES, FL 34639	4045 COX DRIVE LAND O'LAKES, FL 34639

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3607366 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

STEFFENS, JOSEPH
4045 COX DRIVE
LAND O'LAKES, FL 34639

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (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: P NAME: SHATRAW, DAVID STREET ADDRESS: 7708 ISABELLA DR, APT G CITY-ST-ZIP: PORT RICHEY, FL 34668	☐ Delete	TITLE: P/Officer NAME: Steffens, Joseph STREET ADDRESS: 4045 Cox CITY-ST-ZIP: Land O Lakes, Fl 34639	☒ Change ☐ Addition
TITLE: V NAME: DENNEY, RICKY JR STREET ADDRESS: 13120 STAR ROAD CITY-ST-ZIP: BROOKSVILLE, FL 34613	☐ Delete	TITLE: V-P NAME: Denney, Ricky Jr STREET ADDRESS: 13120 STAR ROAD CITY-ST-ZIP: Brooksville, Fl 34613	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: Sec. NAME: Shatraw, David STREET ADDRESS: 7708 ISABella Dr. APT. G CITY-ST-ZIP: Port Richey, Fl 34668	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X [signature] 6/18/2003 813-996-7604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/24