

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38860

1. Entity Name

STEAM TEAM, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90351 039 ***150.00

Principal Place of Business

Mailing Address

999 BLANDING BLVD.
SUITE 13
ORANGE PARK FL 32065
US

999 BLANDING BLVD
SUITE 13
ORANGE PARK FL 32065-6789
US

2. Principal Place of Business

3. Mailing Address

331 Parkridge Ave
Suite, Apt. #, etc. # 4

331 Parkridge Ave
Suite, Apt. #, etc. # 4

City & State
Orange Park, FL

City & State
Orange Park, FL

Zip 32065 Country Clay

Zip 32065 Country Clay



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3125689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DINGMAN, DON
999 BLANDING BLVD
SUITE 13
ORANGE PARK FL 32065

Name Don Dingman
Street Address (P.O. Box Number is Not Acceptable) 2420 Dundee Ct. W.
City Orange Park FL Zip Code 32065

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DINGMAN, BARBARA	
STREET ADDRESS	ROUTE 1 BOX 586	
CITY-ST-ZIP	SANDERSON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DINGMAN, DONALD D SR	
STREET ADDRESS	ROUTE 1 BOX 596	
CITY-ST-ZIP	SANDERSON FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	DINGMAN, DON	
STREET ADDRESS	2420 DUNDEE CT. W.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DINGMAN, ELIZABETH	
STREET ADDRESS	2420 DUNDEE CT. W.	
CITY-ST-ZIP	ORANGE PARK FL	
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"/> 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

Date

(904) 272-0791

Daytime Phone #

CR2E034 (9/99)