2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State
02-02-2001 90313 003 ***150.00

DOCUMENT # J96287

1. Entity Name
A FIRST STEP FOR EARLY LEARNING, INC.

Principal Place of Business	Mailing Address
~~8405 NORTH 40TH STREET~~	~~8405 NORTH 40TH STREET~~
~~TAMPA FL 33604~~	~~TAMPA FL 33604~~
~~US~~	US

C00160J0

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4285 13th way N.E.	"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Petersburg, Fla	City & State
Zip: 33703 / County: Pinellas county / U.S.	Zip / Country

4. FEI Number 59-2848629 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DeCosmo
~~FERNANDEZ,~~ OSEANNA
~~8405 N. 40TH STREET~~
~~TAMPA FL 33604~~

7. Name and Address of New Registered Agent

Name: DeCosmo Oseanna
Street Address (P.O. Box Number is Not Acceptable): 4285 13th way N.E.
City: St Pete FL Zip Code: 33703

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: Oseanna M DeCosmo 1/25/01
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 Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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	PD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	DECOSMO, OSEANNA M	NAME	
STREET ADDRESS	~~8405 N. 40TH ST~~	STREET ADDRESS	4285 13th way N.E.
CITY-ST-ZIP	~~TAMPA FL~~	CITY-ST-ZIP	St Petersburg Fl 33703
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: x Oseanna M. DeCosmo x 1/25/01 (727) 527-3390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #