

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90213 013 ****61.25

DOCUMENT # N93000004220

1. Entity Name

FIRST STEP, INC. OF THE FIFTH JUDICIAL CIRCUIT

Principal Place of Business

24 NE 1ST STREET
 ATTN: WENDY PRATT
 Ocala FL 34470-6660
 US

Mailing Address

24 NE 1ST STREET
 ATTN: WENDY PRATT
 Ocala FL 34470-6660
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3204052

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICH, MARY S
5640 SW 6TH PLACE
OCALA FL 34474

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	RICH, MARY S	
STREET ADDRESS	5640 SW 6TH PLACE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATTSON, NEIL	
STREET ADDRESS	105 S ROCKINGHAM AVE	
CITY-ST-ZIP	TAVARES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRATT, WENDY K	
STREET ADDRESS	24 NE 1ST STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMETRIA, PEARCE	
STREET ADDRESS	515 W MAIN ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, TRICIA	
STREET ADDRESS	204 NW 3RD AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLATT, MILTON	
STREET ADDRESS	714 BISHOP DRIVE	
CITY-ST-ZIP	LADY LAKE FL 32159	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVILLE, STEVE	
STREET ADDRESS	204 N.W. 3RD AVE	
CITY-ST-ZIP	OCALA, FL 34475	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy Pratt

1-4-01

Date

352-732-1215

Daytime Phone #

CR2E037 (10/00)