

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L27286**

1. Entity Name  
**STEP-RIET ENTERPRISES, INC.**

Principal Place of Business  
**1108 ELIZABETH AVE  
WPB FL 33401  
US**

Mailing Address  
**1108 ELIZABETH AVE.  
WEST PALM BEACH FL 33401  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0175759**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RIETWYK, TANYA STEPHENS  
13392 DOUBLE TREE CIRCLE  
WELLINGTON FL 33414**

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

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, 2002 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

TITLE **D** ☐ Delete  
NAME **STEPHENS, JOSEPH B., SR.**  
STREET ADDRESS **1769 ABBEY RD**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Delete  
NAME **STEPHENS, JOSEPH B., JR.**  
STREET ADDRESS **62 W PINE TREE AVE**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☐ Delete  
NAME **RIETWYK, TANYA**  
STREET ADDRESS **13392 DOUBLETREE CIRCLE**  
CITY-ST-ZIP **WELLINGTON FL 33410**

TITLE **D** ☐ Delete  
NAME **STEPHENS, BRYAN GREGG**  
STREET ADDRESS **55 W RUBBERTREE DRIVE**  
CITY-ST-ZIP **LAKE WATH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 REQUIRED Tanya Rietwyk 1/7/2002 833-7211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90039 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)