

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L49772**

1. Entity Name

**INSTEP PROPERTIES, INC.****FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90072 038 \*\*\*150.00

Principal Place of Business

**P.O. BOX 14442**  
**11412 OKEECHOBEE BLVD**  
**NORTH PALM BEACH FL 33408**  
**US**

Mailing Address

**% ROBIN B. CHANEY**  
**P.O. BOX 14442**  
**NORTH PALM BEACH FL 33408**  
**US**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0184570**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CHANEY, ROBIN B.**  
**102 ANCHORAGE DRIVE SOUTH**  
**NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-registering)

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

TITLE **DPS** ☐ Delete  
NAME **CHANEY, STEVEN L.**  
STREET ADDRESS **102 ANCHORAGE DRIVE SOUTH**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**TITLE **DVT** ☐ Delete  
NAME **CHANEY, ROBIN B.**  
STREET ADDRESS **102 ANCHORAGE DRIVE SOUTH**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

**Rob B. Chaney** **ROBIN B. CHANEY DVT**

Date

**4/18/01**

Daytime Phone #

**561-845-7811**

CR2E034 (10/00)