

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000755

1. Entity Name

FIRST STEP FINANCIAL SERVICES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02

Principal Place of Business

1000 COVE CAY. #5C
CLEARWATER FL 34620

Mailing Address

1000 COVE CAY. #5C
CLEARWATER FL 34620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2248 Toniwood LN

City & State

PALM HARBOR FL

Zip

34685

Country

USA

Suite, Apt. #, etc.

2248 TONIWOOD LN

City & State

PALM HARBOR FLA

Zip

34685

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1576338

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALDOCK, WAYNE

1000 COVE CAY. #5C

CLEARWATER FL 34620

2248 TONIWOOD LN
PALM HARBOR FL
34685

7. Name and Address of New Registered Agent

Name

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

2248 TONIWOOD LN

City

PALM HARBOR

FL

Zip Code

34685

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

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

John S. Hagy MEMBER - MGR 9-11-00

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BALDOCK, WAYNE
STREET ADDRESS 1000 COVE CAY, #5C
CITY-ST-ZIP CLEARWATER FL 34620

TITLE MGRM ☐ Delete
NAME HAGY, JOHN D
STREET ADDRESS 1109 WAGGONER CT. WEST
CITY-ST-ZIP NASHVILLE TN 37214

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2248 TONIWOOD LN
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2949 MELBOURNE TERRACE
CITY-ST-ZIP MOUNT JULIET TN 37122

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100003408611--5
CITY-ST-ZIP -09/28/00--01098--020
*****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)