

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 16, 2002 8:00 A
Secretary of State

DOCUMENT # **N 00000000 3545**

1. Entity Name

Step One Temporary Employment & Training Services, Inc.

TA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1102 S. Adams Street

3. Mailing Address

1102 S. Adams Street

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

Suite 10

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

Leon

Zip

32303

Country

Leon

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Santa Carter

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

1739 Silverwood Drive

City

Tallahassee

FL

Zip Code

32301

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IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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

TITLE *Director*
NAME *Santa Carter*
STREET ADDRESS *1739 Silverwood Drive*
CITY-ST-ZIP *Tallahassee Florida 32301*

TITLE *Assistant Director*
NAME *Isaiah Carter*
STREET ADDRESS *1739 Silverwood Drive*
CITY-ST-ZIP *Tallahassee Florida 32301*

TITLE *Secretary*
NAME *Chenita Molder*
STREET ADDRESS *1201 Ash Street*
CITY-ST-ZIP *Tallahassee Florida 32307*

TITLE *Treasurer*
NAME *Ernest Smith*
STREET ADDRESS *138 Colorado St.*
CITY-ST-ZIP *Tallahassee Florida 32302*

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******314.00 *****61.25**

APL
7/16/02

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Santa Carter

7/16/02

204-7837

CR2E037B (12/01)