

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000005065****1. Entity Name**  
NEXT STEP SCHOLARSHIP FOUNDATION, INC.

<b>Principal Place of Business</b>	<b>Mailing Address</b>
2415 COSTA VERDE BLVD. #209	2415 COSTA VERDE BLVD. #209
JACKSONVILLE BEACH FL 32250	JACKSONVILLE BEACH FL 32250

**2. Principal Place of Business**  
Suite, Apt. #, etc.**3. Mailing Address**  
Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> <b>59-3663131</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
-------------------------	-------------------------	---	--

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
------------	----------------	------------	----------------	--

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
WOTIZ ARTHUR C 2415 COSTA VERDE BLVD. #209  JACKSONVILLE BEACH FL 32250	Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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** \_\_\_\_\_ **04/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Department of State</b>
---	---	--

<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																
<table border="0"><tr><td><b>TITLE</b></td><td><b>D</b> <input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td>KLOEPPEL DEBRA</td></tr><tr><td><b>STREET ADDRESS</b></td><td>2415 COSTA VERDE BLVD. #209</td></tr><tr><td><b>CITY-ST-ZIP</b></td><td>JACKSONVILLE BEACH FL 32250</td></tr></table>	<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>NAME</b>	KLOEPPEL DEBRA	<b>STREET ADDRESS</b>	2415 COSTA VERDE BLVD. #209	<b>CITY-ST-ZIP</b>	JACKSONVILLE BEACH FL 32250	<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete																
<b>NAME</b>	KLOEPPEL DEBRA																
<b>STREET ADDRESS</b>	2415 COSTA VERDE BLVD. #209																
<b>CITY-ST-ZIP</b>	JACKSONVILLE BEACH FL 32250																
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="0"><tr><td><b>TITLE</b></td><td><b>D</b> <input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td>MICKLER ROBERT O</td></tr><tr><td><b>STREET ADDRESS</b></td><td>2415 COSTA VERDE BLVD. #209</td></tr><tr><td><b>CITY-ST-ZIP</b></td><td>JACKSONVILLE BEACH FL 32250</td></tr></table>	<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>NAME</b>	MICKLER ROBERT O	<b>STREET ADDRESS</b>	2415 COSTA VERDE BLVD. #209	<b>CITY-ST-ZIP</b>	JACKSONVILLE BEACH FL 32250	<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete																
<b>NAME</b>	MICKLER ROBERT O																
<b>STREET ADDRESS</b>	2415 COSTA VERDE BLVD. #209																
<b>CITY-ST-ZIP</b>	JACKSONVILLE BEACH FL 32250																
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="0"><tr><td><b>TITLE</b></td><td><b>D</b> <input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td>WOTIZ ARTHUR C</td></tr><tr><td><b>STREET ADDRESS</b></td><td>2415 COSTA VERDE BLVD. #209</td></tr><tr><td><b>CITY-ST-ZIP</b></td><td>JACKSONVILLE BEACH FL 32250</td></tr></table>	<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>NAME</b>	WOTIZ ARTHUR C	<b>STREET ADDRESS</b>	2415 COSTA VERDE BLVD. #209	<b>CITY-ST-ZIP</b>	JACKSONVILLE BEACH FL 32250	<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete																
<b>NAME</b>	WOTIZ ARTHUR C																
<b>STREET ADDRESS</b>	2415 COSTA VERDE BLVD. #209																
<b>CITY-ST-ZIP</b>	JACKSONVILLE BEACH FL 32250																
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>		<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>		<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>		<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Arthur C. Wotiz **D** **04/26/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)