FILED
Aug 08, 2001 8:00 am
Secretary of State
06-26-2001 90002 039 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35788

1. Entity Name

STEP I, INC.

Principal Place of Business	Mailing Address
8930 S. U.S. #1 PORT ST. LUCIE FL 34952	8930 S. U.S. #1 PORT ST. LUCIE FL 34952

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0191963 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORSINI, DANTE 8930 S. U.S. ONE PORT ST. LUCIE FL 34952	Name: Edward H. Harper Street Address (P.O. Box Number is Not Acceptable): 8930 S. U.S. #1 City: Port St. Lucie FL Zip Code: 34952

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: Edward H. Harper, Pres. Edward H Harper 7/29/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ORSINI, DANTE' C. 8930 S US #1 PORT ST. LUCIE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD "PD" Edward H. Harper 8930 S. US #1 Port St. Lucie, Fl 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORSINI, PATRICIA 8930 S.US. #1 PORT ST LUCIE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D "S/T/D" Cindy A. Harper 8930 S. U.S. #1 Port St. Lucie, Fl 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE RIENZO, RENEE 432 PRADO AVE PORT ST LUCIE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES SMITH "D" 5005 OLEANDER AVE. FT. PIERCE FL. 34982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature REQUIRED 7/29/01 561-337-1537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #