

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35788

1. Entity Name

STEP I, INC.

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90098 002 \*\*\*\*61.25

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

2. Principal Place of Business

3. Mailing Address

8441 S. US Hwy #1

8441 S. US Hwy #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE FL

4. FEI Number

65-0191963

Applied For

Not Applicable

Zip

34952

Country

USA

Zip

34952

Country

USA

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

HARPER, EDWARD H  
8930 S. U.S. ONE  
PORT ST. LUCIE FL 34952

Name

EDWARD H. HARPER

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

8441 S. U.S. Hwy #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

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 PD  
NAME HARPER, EDWARD H  
STREET ADDRESS 8930 S US #1  
CITY-ST-ZIP PORT SAINT LUCIE FL 34952 ☐ Delete

TITLE PD  
NAME HARPER, EDWARD H  
STREET ADDRESS 8441 S. US HWY #1  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952 ☒ Change ☐ Addition

TITLE STD  
NAME HARPER, CINDY A  
STREET ADDRESS 8930 S US, #1  
CITY-ST-ZIP PORT ST LUCIE FL ☐ Delete

TITLE STD  
NAME HARPER, CINDY A  
STREET ADDRESS 8441 S. US HWY #1  
CITY-ST-ZIP PORT ST LUCIE, FL 34952 ☒ Change ☐ Addition

TITLE D  
NAME SMITH, JAMES  
STREET ADDRESS 5005 OLEANDER AVE  
CITY-ST-ZIP FORT PIERCE FL 34982 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02

Date

(561)340-1078

Daytime Phone #

CR2E037 (9/01)