

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

0003308

**DOCUMENT # N97000004410**

1. Entity Name

**STEP BY STEP ENTERPRISES, INC.**

02-26-2001 90556 022 \*\*\*\*61.25

Principal Place of Business

210 N.W. 6TH AVE.  
 FT. LAUDERDALE FL 33311-9152

Mailing Address

210 N.W. 6TH AVE.  
 FT. LAUDERDALE FL 33311-9152

626829



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCOTT, LEMAN**  
 210 N.W. 6TH AVE.  
 FT. LAUDERDALE FL 33311-9152

Name

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

City

**FL**

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

*Scott Lemman*

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

(NOTE: Registered Agent signature required when reinstating)

*2/18/01*

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: **DP**  Delete  
 NAME: **GASKINS, W.J.**  
 STREET ADDRESS: **17965 N W 7TH AVENUE**  
 CITY-ST-ZIP: **MIAMI FL 32169-4343**

TITLE: **DP**  Change  Addition  
 NAME: **Leman Scott**  
 STREET ADDRESS: **2892 NW 8th**  
 CITY-ST-ZIP: **Ft. Lauderdale, FL 33311**

TITLE: **DT**  Delete  
 NAME: **FLEMING, PATRICIA A**  
 STREET ADDRESS: **5812 N.W. 16TH ST.**  
 CITY-ST-ZIP: **LAUDERHILL FL 33313**

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

TITLE: **DS**  Delete  
 NAME: **ECKFORD, HATTIE R**  
 STREET ADDRESS: **2871 N.W. 24TH ST.**  
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33311**

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

TITLE: **DP**  Delete  
 NAME: **SCOTT, LEMAN**  
 STREET ADDRESS: **210 N W 6TH AVENUE**  
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33311**

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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 or other like empowered.

SIGNATURE:

*Scott Lemman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-18-2001 958-261-4227*

CR2E037 (10/00)