

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90107 012 ****61.25

DOCUMENT # N98000003720

1. Entity Name

FIRST STEP ADOLESCENT SERVICES, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 622241
 OVIEDO FL 32762-2241

POST OFFICE BOX 622241
 OVIEDO FL 32762-2241

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

59-3520393

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

MOORE, MICHAEL L ESQ
5458 HOFFNER AVENUE
SUITE 303
ORLANDO FL 32812

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

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	P	<input type="checkbox"/> Delete
NAME	SMITH, CHERYL A	
STREET ADDRESS	1711 CANOE CREEK ROAD	
CITY-ST-ZIP	OVIEDO FL 32766-2241	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARREN, TERRI B	
STREET ADDRESS	5544 CREPE MYRTLE CIR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JULIUS C	
STREET ADDRESS	6057 MIRROR LAKE DR.	
CITY-ST-ZIP	LAS VEGAS NV 89110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, JACQUELINE	
STREET ADDRESS	2855 DUDLEY DR.	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, LAWRENCE	
STREET ADDRESS	2855 DUDLEY DR.	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEACHAM, KIP	
STREET ADDRESS	1627 RIVEREDGE DR.	
CITY-ST-ZIP	OVIEDO FL 32766	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacob Gallmon	
STREET ADDRESS	2200 Juanita Ave	
CITY-ST-ZIP	Fort Pierce, FL 34946	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

Cheryl A. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02 407-977-0420