

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002430

1. Entity Name

STEPP'N UP SHOES, INC.

Principal Place of Business

Mailing Address

2798 NW 27 TERRACE  
BOCA RATON FL 33434

2798 NW 27 TERRACE  
BOCA RATON FL 33434-6001

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

650933483

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERLYN, DONALD L  
2798 NW 27 TERRACE  
BOCA RATON FL 33434

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: PRESIDENT - DIRECTOR  
NAME: ERIC PERLYN  
STREET ADDRESS: 2798 N.W. 27TH TER.  
CITY-ST-ZIP: BOCA RATON, FL 33434 ☐ Delete

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

TITLE: VICE PRESIDENT - DIRECTOR  
NAME: AMANDA PERLYN  
STREET ADDRESS: 2758 N.W. 27TH TER.  
CITY-ST-ZIP: BOCA RATON, FL 33434 ☐ Delete

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

TITLE: ~~MARYN PERLYN~~  
NAME: ~~MARYN PERLYN~~  
STREET ADDRESS: ~~2778 N.W. 27TH TER.~~  
CITY-ST-ZIP: ~~BOCA RATON, FL 33434~~ ☐ Delete

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

TITLE: SECRETARY/TREASURER  
NAME: MARYN B. PERLYN  
STREET ADDRESS: 2758 N.W. 27TH TER.  
CITY-ST-ZIP: BOCA RATON FL 33434 ☐ Delete

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

TITLE: DONALD L PERLYN  
NAME: DIRECTOR  
STREET ADDRESS: 2798 NW 27TH TER.  
CITY-ST-ZIP: BOCA RATON FL 33434 ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)