

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002763

1. Entity Name

STEP BY STEP RESIDENCE INC.

Principal Place of Business

4910 PINEWOOD AVE.  
WEST PALM BEACH FL 33416

Mailing Address

P.O. BOX 18881  
WEST PALM BEACH FL 33416-8881

2. Principal Place of Business

4910 PINEWOOD AVE.

3. Mailing Address

P.O. Box 18881

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. P. B., FL 33407

City & State

WEST P. B., FL

4. FEI Number

65-0661440

Applied For

Not Applicable

Zip

Country

33407

U.S.A

Zip

33416

Country

U.S.A

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNQUIST, VERNEDA  
4910 PINEWOOD AVE.  
WEST PALM BEACH FL 33416

7. Name and Address of New Registered Agent

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

TITLE DIR VERNEDA TURNQUIST ☐ Delete

NAME  
STREET ADDRESS 7321-73rd WAY  
CITY-ST-ZIP W. P. B., FL 33407

TITLE ASST. DIR. FELICIA A. SCOTT ☐ Delete

NAME  
STREET ADDRESS 7321-73rd WAY  
CITY-ST-ZIP W. P. B., FL 33407

TITLE LIAISON WANDA MASON ☐ Delete

NAME  
STREET ADDRESS 233-23rd ST.  
CITY-ST-ZIP W. P. B., FL 33407

TITLE Treas. SAUNDRA Roby ☐ Delete

NAME  
STREET ADDRESS 4011-36th CT.  
CITY-ST-ZIP W. P. B. 33407

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Verneda Turnquist

4/25/00

561-863-0028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)