

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/11

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-18-2001 90003 028 \*\*\*\*61.25

DOCUMENT # N99000002763

1. Entity Name

STEP BY STEP RESIDENCE INC.

Principal Place of Business

Mailing Address

4910-PINEWOOD AVE  
 WEST PALM BEACH FL 33410

P.O. BOX 18881  
 WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0661440

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

TURNQUIST, VERNEDA

4910-PINEWOOD AVE  
 WEST PALM BEACH FL 33410

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	D	<input type="checkbox"/> Delete
NAME	TURNQUIST, VERNEDA	
STREET ADDRESS	7321 73RD WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, FELICIA A	
STREET ADDRESS	1901 73RD WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBY, SAUNDRA	
STREET ADDRESS	4011 36TH CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	L	<input type="checkbox"/> Delete
NAME	MASON, WANDA	
STREET ADDRESS	233-23RD ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASSISTANT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANOA MASON	
STREET ADDRESS	1310-SAPODILLA AVE	
CITY-ST-ZIP	N.P.B., FL	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDRA ROBY	
STREET ADDRESS	4011-36TH CT	
CITY-ST-ZIP	N.P.B., FL 33407	
TITLE	SCOTT, FELICIA A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	829-N DIXIE HWY	
CITY-ST-ZIP	W.P.B. 33401	
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		

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 L. Turnquist  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERNEDA L. TURNQUIST 4/27/01 561  
 Date Daytime Phone #

CR2E037 (10/00)