

2000 UNIFORM BUSINESS REPORT (UBR)

4/24/20

DOCUMENT # N99000004627

1. Entity Name

ONE STEP, TWO STEPS FORWARD, INC.

R

FILED
Jul 13, 2000 8:00 am
Secretary of State

04-27-2000 90004 047 ****61.25

Principal Place of Business Mailing Address
1421 NW 45TH STREET, STE. #2 1421 NW 45TH STREET, STE. #2
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-1158

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
1060 NW 5th Ave

Suite, Apt. #, etc.
1060 NW 5th Ave

City & State
Boynton Bch, FLA

City & State
Boynton Bch, FLA

Zip Country
33426 Palm Bch

Zip Country
33426 Palm Bch

4. FEI Number
65-0942709

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

SISTRUNK, THERESA E
1421 NW 45TH STREET, STE. #2
POMPANO BEACH FL 33064

Name
THERESA E. SISTRUNK

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

1060 NW 5th Ave

Boynton Bch

City FL Zip Code 33426

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 *Theresa E. Sistrunk*

4-18-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Theresa S. Guenther 1060 NW 5th Ave Boynton Bch, FLA 33426	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Theresa Sistrunk 1060 NW 5th Ave Boynton Bch, FLA 33426	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Natalie Stuedican 1430 N.E. 41 St. Pompano Bch, FLA 33064	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice P. Natalie Stuedican 1430 N.E. 41 St. Pompano Bch, FLA 33064	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 *Theresa E. Sistrunk* THERESA E. SISTRUNK 4-18-00 954-695-5530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/99)