

FILED

Jun 19, 2001 8:00 am
Secretary of State

05-21-2001 90344 033 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032829

1. Entity Name

NEXSTEP DVF, INC.

Principal Place of Business

1000 WEST MCNAB ROAD
POMPANO BEACH FL 33069

Mailing Address

1000 WEST MCNAB ROAD
POMPANO BEACH FL 33069

2. Principal Place of Business

Suite, Apt. #, etc.
850 NW 57th St.

3. Mailing Address

Suite, Apt. #, etc.

850 NW 57th ST

City & State

Ft. LAUDERDALE, FL

City & State

Fort LAUDERDALE, FL

Zip

33309

Country

Zip

33309

Country

4. FEI Number

65-0995944

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

J. WALTER MCCRORY, P.A.
1512 EAST BROWARD BOULEVARD
SUITE 200
FORT LAUDERDALE FL 33301

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
SPRINGER, JOHN D
2888 N.W. 87TH AVENUE
CORAL SPRINGS FL 33065 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
SPRINGER, DONNA M
2888 N.W. 87TH AVENUE
CORAL SPRINGS FL 33065 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

John D. Springer JOHN SPRINGER

5-8-01

954-776-6245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)