## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 17, 2002 8:00 am Secretary of State

DOCUMENT # POODO 43445					04-17-2002 90115 047 ***150.00			
1. Entity Name A Step Above Service Evaluations, Inc.								
do not write in this space						à		
2. Principal Place of Business 3. Mailing Address								
2955 - 67 Way N 2955 - 67 W Suite, Apt. #, etc. Suite, Apt. #, etc.			ay N		DO NOT WRITE IN THIS SPACE			
City & State City & State			. 61		FEI Number		Applied For	
Zip Consuly	Petersburg, FL St. tetersburg			5	59364377  Certificate of Status Desired		Not Applicable 75 Additional	
33710 Pinellas	zip 33710	YIV	ne 11 a	د	lame and Address of Curren	F99	Required	
Name LOR  No NOT WRITE  Street Address:								
IN THIS SPACE				dress (P.O. 155	S (P.O. Box Number is Not Acceptable)			
city St. Retersburg FL 233710								
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								
9. This corporation is eligible to satisfy its Intangible  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550,00				00	10. Etection Campaign Fi	nancing	\$5.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)  Amended I  Make Check Payable			s \$61.25	of State	Trust Fund Contribution	on.	Added to Fees	
11. OFFICERS AND DIF	RECTORS	DTLE						
NAME LORI KUREK			E				CR2F04R (12/01)	
STREET ADDRESS 2955 - 67 Way N CITY-ST-ZIP St. Refersious PL 33710			ET ADDRESS				034B	
TITLE P NAME Felicia Pentz			E					
STREET ADDRESS 1759 Hawthorne Court			ET ADDRESS				) -	
mie Oldsmar, Fr 34677			ST-ZIP					
NAME STREET ADDRESS			E ET ADORESS		N	S O ACED RECEI	_	
CITY-ST-ZIP			· ST · ZIP	ويوطاء الم				
TITLE NAME	· · · · · · · · · · · · · · · · · · ·				in this	spaci	<b>E</b>	
STREET ADDRESS CITY: ST-ZIP		9	ET ADDRESS - ST-ZIP		•			
TITLE	<u></u>	TITLE					÷	
NAME STREET ADDRESS		NAMI STRE	E. Et address					
CITY - ST - ZIP		CITY	- 51 - 219					
NAME STREET ADDRESS		NAM			•			
CTTY-ST-ZIP		спу	· ST - ZIP					
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 on an attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOLL DOLL DOLL DOLL DOLL DOLL DOLL DO								
SIGNATÜRE XND TYPED OR PRIN	TED NAME OF SIGNING OFFICER	DR DIRECT	FOR		Date	Daytımı	Phone #	