FILED May 24, 2002 8:00 am 8 Secretary of State

05-24-2002 91275 020 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066775

1. Entity Name

SERES ONE-STEP SERVICES, INC.

Principal Place of Business

4560 70TH ST WEST. APT 106 **BRADENTON FL 34210**

Mailing Address

4560 70TH ST WEST. APT 106 **BRADENTON FL 34210**

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEJ Number	Applied For
	·			65-1116383	Not Applicable
Zip 	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Name and Address of Cu	rrent.Registered:Agent >		7. Name and Address of New Register	red Agent
SERES JOHN	İ		Name		

City

(NOTE: Registered Agent signature required when reinstating)

4560 70TH ST WEST, APT 106 **BRADENTON FL 34210**

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

FL 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.

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<i>)</i> *		
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition SERES, JOHN NAME NAME 4560 70TH ST WEST, APT 106 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP TITLE D۷ ☐ Delete TITLE ☐ Change ☐ Addition NAME SERES, GARY NAME STREET ADDRESS PO BOX 1660 STREET ADDRESS CITY-ST-7IP CRAWFORDVILLE FL 32326 CITY-ST-ZIP DS TITLE Delete TITLE ☐ Change ☐ Addition ? SERES, RICKY NAME NAME STREET ADDRESS PO BOX 355 STREET ADDRESS CITY-ST-ZIP ST MARKS FL 32355 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME

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.

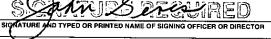
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



Daytime Phone #