

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90171 050 ***150.00

DOCUMENT # P01000097969

1. Entity Name
FIRSTEP, INC.

Principal Place of Business
5820 WINTERTHUR DR.
ATLANTA GA 30328

Mailing Address
5820 WINTERTHUR DR.
ATLANTA GA 30328

2. Principal Place of Business
2832 ASHTON TERR

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OVIEDO, FL

City & State

4. FEI Number
58-2657423

Applied For
Not Applicable

Zip
32765

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIRTELL, ROSS ESQ.
610 GLADES RD., STE. 201
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name
GLEN FERGUSON
Street Address (P.O. Box Number is Not Acceptable)
190 SE 19 AVE

City
POMPANO BEACH **FL** **Zip Code**
33060

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 **GLEN FERGUSON, CPA**

(NOTE: Registered Agent signature required when reinstating)

4/12/02
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, 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**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MCNAIR, PETER
5820 WINTERTHUR DR.
ATLANTA GA 30328

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2832 ASHTON TERR
OVIEDO, FL 32765

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (9/01)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.02
Date

Daytime Phone #