

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90178 003 \*\*\*150.00

**DOCUMENT # P01000100841**

1. Entity Name  
**NEXT STEP GROUP, INC.**



Principal Place of Business  
**2858 REMINGTON GREEN CIRCLE  
TALLAHASSEE FL 32308**

Mailing Address  
**2858 REMINGTON GREEN CIRCLE  
TALLAHASSEE FL 32308**

2. Principal Place of Business  
**11225 MARINA BAY ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**11225 MARINA BAY ROAD**  
Suite, Apt. #, etc.

City & State  
**WELLINGTON FL**  
Zip  
**33467**  
Country  
**US**

City & State  
**WELLINGTON FL**  
Zip  
**33467**  
Country  
**US**

4. FEI Number  
**59-3751484**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**DAVIS, GLENN S  
2858 REMINGTON GREEN CIRCLE  
TALLAHASSEE FL 32308**

## 7. Name and Address of New Registered Agent

Name  
**GLENN S. DAVIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**11225 MARINA BAY ROAD**  
City  
**WELLINGTON** FL Zip Code  
**33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GLENN S. DAVIS president**  
Signature, type or printed name of registered agent and title if applicable.

**4/7/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003. Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, GLENN S 2858 REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DAVIS, GLENN S. 11225 MARINA BAY ROAD WELLINGTON, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **GLENN S. DAVIS president** **4/7/03** **561-380-7939**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)