2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000085730

1. Entity Name



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90110 008 ***150.00

NID 5 FIRST STEPS OF CASSELBERRY, INC.							7					
Principal Place 8409 TIBET B WINDERMERE	UTLER DR.	SS	8409	g Address TIBET BUTLER DR. ERMERE FL 34786	<u> </u>							
2. Principal F	Place of Busi	ness	3. Mai	3. Mailing Address					48)))	 		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	FEI Number 32 00 250 3:			oplied For	7
Zip Country		Zip	Zip Cou		untry 5		Certificate of Status Desired	□ \$	8.75 Add		1	
	6. Name	and Address of Curre	nt Registere	ed Agent		<u> </u>	7. 1	Name and Address of New Re		e Require	.a	\exists
-	O. Italia	Jana Address or Garre				Name			giotoreo Ag			1
MOPE, DENNIS J					Street Address (P.O. Box Number is Not Acceptable)							
8409 TIBE	T BUTLER	DR.				- Street Address		oox (valifice) is for Acceptable)		 		╛
WINDERM	IERE FL 34	786										1
						City			FL	Zip Cod	e	1
8. The above	named entit	ty submits this statement	for the nurg	ose of changing its r	eaistere	l ed office or regist	ered an	gent, or both, in the State of Flor		niliar with	and accept	-
	tions of regis		101 1110 1101 1	obo or onlaring no r	og.o.o.	sa cinos en regial	oree ag	orn, or boar, in the oracle of the			and addopt	
SIGNATURE												
SIGNATORIE	Signature, typed	for printed name of registered age	ent and title if app	licable. (NOTE:	Registere	d Agent signature requi	red when re	einstating)	DATE			-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S							•	Election Campaign Fina Trust Fund Contribution			0 May Be]
Make Checi 10.	K Payable to	OFFICERS AN		DC	1 44 '		۸۵	DITIONS (CLIANICES TO OFFI	CEDS AND D	UDECTOR	C INI 11	4
TITLE	PSD	OFFICERS AN	DURECTO	□ Delete	11.	:	AL	DDITIONS/CHANGES TO OFFIC		Change	Addition	1 5
NAME	MOPE, DE	NNIS J		CT Delete	NAM				L			3
STREET ADDRESS 8409 TIBET BUTLER DR.						ET ADDRESS						2
CITY-ST-ZIP	WINDERM	ERE FL 34786			CITY	-ST-ZIP		•				S
TITLE				☐ Delete	TITLE	l l				Change	Addition	Ç
NAME STREET ADDRESS		-			NAMI	ET ADDRESS						
CITY-ST-ZIP						- ST-ZIP			•			i.
TITLE				☐ Delete	TITLE					Change	☐ Addition	1
NAME					NAM			/				
STREET ADDRESS						ET ADDRESS		· ــــــــــــــــــــــــــــــــــــ	بر ميسود. م		•	
CITY-ST-ZIP				По	-	-ST-ZIP					Addition	┨
TITLE NAME				☐ Delete	TITLE			•	L	Change	☐ Addition	
STREET ADDRESS			•			ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE					Change	☐ Addition	1
NAME	1				NAME							-
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE	——			☐ Delete	TITLE				Г	Change	☐ Addition	}
NAME	1			L. Joseph	NAME					_ onange		-
STREET ADDRESS						ET ADDRESS						1
CITY-ST-ZIP					CITY-	-ST-ZIP						
40 11	and the second											1

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 my 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:

SIGNATU