

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State
09-08-2003 90128 021 ***150.00

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DOCUMENT # P02000122591

1. Entity Name
SMALL STEPS, INC.



Principal Place of Business
**2545 NE COACHMAN RD UNIT 7
CLEARWATER FL 33765**

Mailing Address
**2545 NE COACHMAN RD UNIT 7
CLEARWATER FL 33765**

2. Principal Place of Business
4411 EVANS Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
New Port Richey FL
Zip
34652 Country
USA

City & State
Zip Country

4. FEI Number
22-3882886 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
**DPT
MACKO, LINDA
2545 NE COACHMAN RD UNIT 7
CLEARWATER FL 33765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVST
MACKO, RONALD P
2545 NE COACHMAN RD UNIT 7
CLEARWATER FL 33765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP ☐ Change ☐ 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: *Signature of Linda Macko*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/03 727-842-2454
Date Daytime Phone #

CR2E034 (4/03)

Attachment

90154430
#002000122591

Dear Sirs,

--- We are a new corporation. ---

Unfortunately, this was the first notice that we received. We did not receive the prior notice. Thank you for your prompt attention.

----- Sincerely,

Lynell Mack, President

Per Info, Vice President
9/4/03

Small Steps, Inc.

4411 Evans Avenue
New Port Richey, FL 34652

(727) 842-2454
Fax (727) 703-0179