

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004303

1. Entity Name

A STEP UP, INC OF TAMPA

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90307 014 ***150.00

Principal Place of Business

Mailing Address

502 S STERLING
TAMPA FL 33609

502 S STERLING
TAMPA FL 33609-3920

2. Principal Place of Business

1635 N. Dale Mabry #13

3. Mailing Address

1635 N. Dale Mabry

Suite, Apt. #, etc.

Suite 13

Suite, Apt. #, etc.

Suite 13

City & State

Lutz, FL

City & State

Lutz, FL

Zip

33549 Pasco

Zip

33549 Pasco

Country

Pasco



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3163295

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACKWOOD, VAL
502 S STERLING
TAMPA FL 33609

Name

Greg Landaker

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

1635 Dale Mabry Suite #13

City

LUTZ,

FL

Zip Code

33549

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PACKWOOD, VAL	
STREET ADDRESS	502 S STERLING	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LANDAKER, GREG	
STREET ADDRESS	4135 WAJER RD	
CITY-ST-ZIP	LAND O' LAKES FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PACKWOOD, MAGGIE	
STREET ADDRESS	502 S STERLING	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VAIL, JAMES T	
STREET ADDRESS	827 COLONAIL DR	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Landaker Greg	
STREET ADDRESS	4135 Wajer Rd	
CITY-ST-ZIP	Land O' Lakes FL 33463	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIoux, DAVID	
STREET ADDRESS	13727 GENE ROSSI AVE	
CITY-ST-ZIP	HUDSON, FL 33467	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDAKER, SHELBI	
STREET ADDRESS	4135 WAJER RD	
CITY-ST-ZIP	LAND O' LAKES FL 33463	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLLMAN, ROBERT	
STREET ADDRESS	2914 W IDLEWILD	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)