

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90063 037 ***150.00

DOCUMENT # P93000004303

1. Entity Name

A STEP UP, INC OF TAMPA

Principal Place of Business

**1635 N DALE MABRY
 SUITE 13
 LUTZ FL 33549**

Mailing Address

**1635 N DALE MABRY
 SUITE 13
 LUTZ FL 33549**

2. Principal Place of Business

**13656 N. 12th St.
 Suite, Apt. #, etc.
 Unit # 2**

3. Mailing Address

**4135 WAYER ROAD
 Suite, Apt. #, etc.**

City & State

TAMPA, FL

City & State

LAND O' LAKES, FL

Zip

33613

Country

USA

Zip

34639

Country

USA

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

**LANDAKER, GREG
 1635 DALE MABRY
 SUITE 13
 LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name **LANDAKER, GREG**
 Street Address (P.O. Box Number is Not Acceptable)
4135 WAYER ROAD
 City **LAND O' LAKES** FL Zip Code **34639**

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-26-02
 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	P	<input type="checkbox"/> Delete
NAME	LANDAKER, GREG	
STREET ADDRESS	4135 WATER RD	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOLLMAN, ROBERT	
STREET ADDRESS	2914 W IDLEWILD	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LANDAKER, SHELLBIE	
STREET ADDRESS	4135 WAYER RD	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID RIBUX	
STREET ADDRESS	24136 PAINTER DR	
CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 **813-996-4762**
 Date Daytime Phone #

CR2E034 (9/01)