

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90003 024 ***150.00

DOCUMENT # P94000027622

1. Entity Name

ONE STEP PROMOTIONS & INCENTIVES, INC.

Principal Place of Business

**8269 W BROWARD BLVD
 SUITE 203
 PLANTATION FL 33324
 US**

Mailing Address

**9715 W. BROWARD BLVD.
 BOX 245
 PLANTATION FL 33324
 US**

2. Principal Place of Business

**6104 Wild Orchid Drive
 Suite, Apt. #, etc.**

3. Mailing Address

**16765 Fishhawk Blvd
 Suite, Apt. #, etc.
 #461**

City & State

**Lithia, FL 33547
 Zip 33547 Country USA**

City & State

**Lithia
 Zip 33547 Country USA**

4. FEI Number

65-0489201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DRAWDY, CHRISTINE
 9050 JACARANDA LANE #1
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Christine E. Drawdy

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

6104 Wild Orchid Drive

City **Lithia**

FL

Zip Code **33547**

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

1/21/02

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** ☐ Delete
 NAME **DRAWDY, CHRISTINE E**
 STREET ADDRESS **9050 JACARANDA LANE #1**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **V** ☐ Delete
 NAME **DRAWDY, DAVID C**
 STREET ADDRESS **9050 JACARANDA LANE #1**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
 NAME **Christine E. Drawdy**
 STREET ADDRESS **6104 Wild Orchid Drive**
 CITY-ST-ZIP **Lithia, FL 33547**

TITLE **V** ☐ Change ☒ Addition
 NAME **David C. Drawdy**
 STREET ADDRESS **6104 Wild Orchid Drive**
 CITY-ST-ZIP **Lithia FL 33547**

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

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

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

TITLE ☐ Change ☐ 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 #

1/21/02 813/657-1101

CR2E034 (9/01)