

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90045 034 \*\*\*150.00

**DOCUMENT # P94000035840**

1. Entity Name

**STEPPE BY STEPPE SERVICES, INC.**

Principal Place of Business

Mailing Address

728 SW 56TH ST  
 CORAL FL 33914-7283

728 SW 56TH ST  
 CAPE CORAL FL 33914  
 US

2. Principal Place of Business

**12703 SUMMERWOOD DRIVE**

3. Mailing Address

**12703 SUMMERWOOD DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**FORT MYERS, FL**

City & State  
**FORT MYERS, FL**

Zip Country  
**33908 USA**

Zip Country  
**33908 USA**

4. FEI Number **65-0491078**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEPPE, DENNIS A**  
**728 SW 56TH ST**  
**CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name  
**DENNIS A. STEPPE**

Street Address (P.O. Box Number is Not Acceptable)  
**12703 SUMMERWOOD DRIVE**

City  
**FORT MYERS**

FL Zip Code  
**33908**

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 *Dennis A. Steppe* **DENNIS A. STEPPE, PRESIDENT** *1/31/00*

Signature, typed or printed name of registered agent and if not 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST STEPPE, DENNIS A 728 SW 56TH ST CAPE CORAL FL 33914</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/S/T DENNIS A. STEPPE 12703 SUMMERWOOD DRIVE FORT MYERS, FL 33908</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dennis A. Steppe* **DENNIS A. STEPPE, PRESIDENT** *1/31/00* (941) 415-7837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #