## FILED Apr 17, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION

DOCUMENT # P94000056619  1. Entity Name SURE-STEP, INC.							04-17-2003 90209 009 ***150.00 90090791						
Principal Place of Business  3920 VALLEY GARDEN DR. W. — 3920 VALLEY GARDEN DR. W  LACKSONVILLE, FL 32225  ACKSONVILLE, FL 32225								30	uju				
2. Principal Place of Business  2/08 BAY RD  Suite, Apt. \$\mathcal{x}\$, etc.  3. Mailing Address  2/08 BAY  Suite, Apt. \$\mathcal{x}\$, etc.					<u> </u>				CHECK HERE IF MAKING CHANGES				
City & Stat	UNE BEACH, FL	City & State NEPTUNE	NEPTUNE BEACH FL			4. FE	El Number	` 59-3251252		N	pplied For of Applicable		
Zip 32	266 ST. JOHNS	32266	S7	ToHI	US			Status Desired		\$8.75 Ad Fee Require			
6. Name and Address of Current Registered Agent								Idress of New F	egistere	d Agent		_	
WILLIAMS, RICKY J 3920 VALLEY GARDEN DR. W. JACKSONVILLE, FL 32225					Street Address (P.O. Box Number is Not Acceptable)								
	,			City					F	Zip Coo	de		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or I	registere	ed age	nt, or both, i	n the State of Fi			, and accept		
SIGNATURE													
After	FILE NOWIII FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	State						on Campaign Fil Fund Contribution			00 May Be d to Fees		
10.	OFFICERS AND D	DIRECTORS	11.			ADD	ITIONS/CH	ANGES TO OFF	ICERS A	ND DIRECTOR	RS IN 11	1	
TITLE	DPT	☐ Delete	TITU	E						Change	Addition	8	
NAME STREET ADDRESS CITY-ST-2IP	WILLIAMS, RICKY J 3920 VALLEY GARDEN DR. W. JACKSONVILLE, FL 32225		8	ET ADDRESS - ST-ZIP	21 NE	108 1971	BAY	RD BEACH,	FZ	344	66	CR2E034 (10/02)	
TITLE	DVS	☐ Delete	TITL	E		<u> </u>		·		Change	Addition	K	
NAME	WILLIAMS, DEBORAH J		NAM	tΕ	^	100	e Rn	100			_	0	
STREET ADDRESS CITY-ST-ZIP	3920 VALLEY GARDEN DR. W. JACKSONVILLE, FL 32225			ET ADDRESS -ST-ZIP			S BA	BEACH	F	327	66		
TITLE		☐ Delete	านก	E	,,,,	<u>-//</u>	CALAC	<u> </u>	,	☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	and a superior of the superior	· \ \		ET ADDRESS -ST-21P	- ست			-	-		- <b></b>	-	
TITLE NAME STREET ADDRESS CITY-ST-2P		□ Delete	8	E ADDRESS						Change	☐ Addition		
TITLE NAME		☐ Delete	TITU	-						☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS - ST - 21P	_								
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	ž.							□ Change	☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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.  **DESCRIPT** TO TRUE AMONG.**													
SIGNAT	URE: WATURE AND TYPED OR PR	ULLUMO INTED NAME OF SIGNING OFFICER	OR DIRECT	CL TL	US.			Oate 7	1/0/	Carytime Phone #	_ <del></del> .		