

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010486

1. Entity Name

FIRST STEP CHILDREN'S CENTER, INC.

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

05-15-2000 91406 003 ***150.00

Principal Place of Business

Mailing Address

6688 FIRST AVE. SOUTH
ST. PETERSBURG FL 33707

6688 FIRST AVE. SOUTH
ST. PETERSBURG FL 33707-1320

657040

2. Principal Place of Business

3. Mailing Address

6409 68th Ave. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PINELLAS PARK FL.

Zip

Country

Zip

Country

33781

USA

4. FEI Number

59-3294569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONCARTI, MICHAEL D
6688 FIRST AVE. S.
ST. PETERSBURG FL 33707

Name

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

City

FL

Zip Code

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 PD ☐ Delete
NAME RONCARTI, MICHAEL E.
STREET ADDRESS 6688 FIRST AVE SOUTH
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE STD ☐ Delete
NAME RONCARTI, BETH A.
STREET ADDRESS 6688 FIRST AVE SOUTH
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2000 727-541-6611
Date Daytime Phone #

CR2E034 (9/99)