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## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (ÚBR)

## Jul 14, 2003 8:00 am **Secretary of State** P95000061208 **DOCUMENT #** 06-18-2003 90019 041 \*\*\*150.00 1. Entity Name 07-14-2003 90343 041 \*\*\*400.00 STEP BY STEP TRUCKING, INC. Mailing Address Principal Place of Business 18850 SE 12TH LANE 18850 S E 12TH LANE WILLISTON FL 32696 WILLISTON FL 32696 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3332431 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SECKINGER, GEORGIA Street Address (P.O. Box Number is Not Acceptable) 18850 SE 12TH LANE WILLISTON FL 32696 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition SECKINGER, STEVEN D NAME NAME 18850 SE 12TH LANE STREET ADDRESS STREET ADDRESS WILLISTON FL 32696 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME SECKINGER, GEORGIA M NAME STREET ADDRESS 18850 SE 12TH LANE STREET ADDRESS CITY-ST-ZIP WILLISTON FL 32696 CITY-ST-ZIP TITLE ☐ Delete TITLE \_\_\_Change\_\_ NAME NAME اع STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

SIGNATURE:

changed, or on an attac

ment with an address, with all other like empowered.

## 2003 FOR PROFIT CORPORATION 90142459 6/18/2003-90019-041-\$150.00-\$150.00

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	6. Name and Address of Current	Registered Agent			7. Name and Address of New Regi	stered Aç	ent		1.
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	named entity submits this statement for	or the purpose of changing its	register	ed office or registere	d agent, or both, in the State of Florida	. I am fai	niliar with,	and accept	1
the obligat	tions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent	and fille if applicable (NOTE	Registere	d Agent signature required v	when reinstating)	DATE			
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indicated	ertify that the information supplied with on this report or supplemental report is	true and accurate and that m	iv signati	ure shall have the sa	ime legal effect as if made under oath:	that I am	an officer of	or director	
of the corr	poration or the receiver or trustee empo or on an attachment with an address, v	wered to execute this tenori a	is require	ed by Chapter 607. F	Florida Statutes; and that my name app	ears in B	lock 10 or	Block 11 if	ļ
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SIGNAT	UME:	Substantial of Bushing of Licens	H CARECTO	JR			TRE Phone #	16	