


FILED
Mar 17, 2004 8:00 am
Secretary of State

34030041

DOCUMENT # P95000089568

1. Entity Name
STEPPING OUT IN STYLE, INC.



03-17-2004 90032 010 ***150.00

Principal Place of Business
694 MERLINS COURT
TARPON SPRINGS, FL 34689

Mailing Address
694 MERLINS COURT
TARPON SPRINGS, FL 34689

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

62172004Chg-PCR2E034 (10/03)

4. FEI Number
59-3344283

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LUPER, SIMON
694 MERLINS COURT
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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_____(NOTE: Registered Agent signature required when reinstating)DATE_____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLENAMESTREET ADDRESSCITY-ST-ZIP
PSTD
LUPER, SIMON
694 MERLINS COURT
TARPON SPRINGS, FL 34689

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLENAMESTREET ADDRESSCITY-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 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 #