2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P96000072974 1. Entity Name STEP MANAGEMENT CORP. 03-06-2001 90346 048 ***150 00 Principal Place of Business Mailing Address 5791 UNIVERSITY CLUB BOULEVARD, NORTH 5791 UNIVERSITY CLUB BOULEVARD, NORTH JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State FEI Number 59-3400477 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AHERN, FRED L JR. Street Address (P.O. Box Number is Not Acceptable) 2215 THIRD STREET SUITE 101 JACKSONVILLE BEACH FL 32250 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition D ☐ Delete TITLE NAME NAME **GHATTAS, EMILE** STREET ADDRESS STREET ADDRESS 5791 UNIVERSITY CLUB BOULEVARD, NORTH CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Addition TITLE Change Delete TITLE NAME NAME **GHATTAS, SERGE** STREET ADDRESS STREET ADDRESS 5791 UNIVERSITY CLUB BOULEVARD, NORTH CITY-ST-7iP CITY ST-ZIP JACKSONVILLE FL 32211 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition