FILED

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am P96000072974 DOCUMENT # **Secretary of State** 1. Entity Name 02-10-2002 90022 045 ***150.00 STEP MANAGEMENT CORP. 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 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3400477 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Г 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 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax #ing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Addition NAME **GHATTAS, EMILE** NAME STREET ADDRESS 5791 UNIVERSITY CLUB BOULEVARD, NORTH STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete GHATTAS, SERGE NAME NAME STREET ADDRESS 5791 UNIVERSITY CLUB BOULEVARD, NORTH STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32211 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered