

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096125

1. Entity Name
STEP BY STEP, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90153 022 ***150.00

Principal Place of Business C/O MCGUIRE WOODS BATTLE & BOOTHE LLP 50 N LAURA STREET #3300 JACKSONVILLE FL 32202 US	Mailing Address C/O MCGUIRE WOODS BATTLE & BOOTHE LLP 50 N LAURA STREET #3300 JACKSONVILLE FL 32202-3661 US
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00000310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10950 SAN JOSE BLVD. Suite, Apt. #, etc. SUITE 11 City & State JACKSONVILLE FL	3. Mailing Address 10950 - SAN JOSE BLVD Suite, Apt. #, etc. SUITE 11 City & State JACKSONVILLE FL
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4. FEI Number 59-3476858	Applied For <input type="checkbox"/> Not Applicable
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Zip 32223	Country USA	Zip 32223	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAX CO
C/O MCGUIRE WOODS BATTLE & BOOTHE, LLP
50 N LAURA ST #3300
JACKSONVILLE FL 32202

Name Edgar Gonzalez
Street Address (P.O. Box Number is Not Acceptable) 10950 SUITE 11 SAN JOSE BLVD.
City JACKSONVILLE FL Zip Code 32223

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 *Edgar Gonzalez* DATE 1/11/00
Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT GONZALEZ, EDGAR 228 MILL VIEW WAY, NORTH PONTE VEDRA FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GONZALEZ, JANET 228 MILL VIEW WAY, NORTH PONTE VEDRA FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edgar Gonzalez* DATE: 1/11/00 (904) 886-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)