

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90051 019 ***150.00

DOCUMENT # P97000096125

1. Entity Name

STEP BY STEP, INC.

Principal Place of Business

10950 SAN JOSE BLVD.
 SUITE 11
 JACKSONVILLE FL 32223
 US

Mailing Address

10950 SAN JOSE BLVD.
 SUITE 11
 JACKSONVILLE FL 32223
 US



2. Principal Place of Business

10950 San Jose Blvd.

3. Mailing Address

10950 San Jose Blvd.

Suite, Apt. #, etc.

Suite 11

Suite, Apt. #, etc.

Suite 11

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32223

Country

US

Zip

32223

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3476858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, EDGAR

10950 SUITE 11 SAN JOSE BLVD
 JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Edgar Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

10950 San Jose Blvd.

Suite 11

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE DPT
 NAME GONZALEZ, EDGAR ☐ Delete
 STREET ADDRESS 428 MILL VIEW WAY
 CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE DVPS
 NAME GONZALEZ, JANET ☐ Delete
 STREET ADDRESS 428 MILL VIEW WAY
 CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address and an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)