

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90866 007 ***150.00

DOCUMENT # P98000074481

1. Entity Name

ONE STEP BEYOND, INC.

Principal Place of Business

Mailing Address

**3651 PARK ST
JACKSONVILLE FL 32205
US****13688 DEERING BAY DR
CORAL GABLES FL 33158-2802**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3532095

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COBER CORPORATE AGENTS, INC.
2601 S BAYSHORE DR, 19TH FL
MIAMI FL 33133**

Name

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

City

FL

Zip 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.

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, 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 **D** ☐ Delete
NAME **WILCOX, TERRY L**
STREET ADDRESS **427 COSTANERA RD**
CITY-ST-ZIP **CORAL GABLES FL 33143**TITLE ☒ Change ☐ Addition
NAME **13688 DEERING BAY DR**
STREET ADDRESS **CORAL GABLES FL 33158**
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WILCOX, JUDITH S**
STREET ADDRESS **427 COSTANERA ROAD**
CITY-ST-ZIP **CORAL GABLES FL 33143**TITLE ☒ Change ☐ Addition
NAME **13688 DEERING BAY DR**
STREET ADDRESS **CORAL GABLES FL 33158**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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, with all other like empowered.

SIGNATURE: *Judith S Wilcox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH S WILCOX

Date

4-28-00

Daytime Phone #

305-255-0090

C-R2E034 (9/99)