

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90125 043 \*\*\*150.00

**DOCUMENT # P99000042889**

1. Entity Name

**FIRST STEP CHILDREN'S CENTER II, INC.**

Principal Place of Business

Mailing Address

**1ST AVE. S.  
 PETERSBURG FL 33707**

**6688 1ST AVE. S.  
 ST. PETERSBURG FL 33707-1320**

2. Principal Place of Business

3. Mailing Address

**10710 47th Ave North**  
 Suite, Apt. #, etc.

**6409 68th Ave North**  
 Suite, Apt. #, etc.

City & State

**St Pete FL.**

City & State

**Pinellas Park FL.**

4. FEI Number

**59-3577880**

Applied For

Not Applicable

Zip

**33708**

Country

**USA**

Zip

**33781**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RONCRATI, MICHAEL D  
 6688 1ST AVE. S.  
 ST. PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>RONCARTI, MICHAEL D</b>
STREET ADDRESS	<b>6688 1ST AVE. S.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>RONCARTI, BETH A</b>
STREET ADDRESS	<b>6688 1ST AVE. S.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>10710 47th Ave. North St. Pete FL. 33708</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>10710 47th Ave. North</b>
CITY-ST-ZIP	<b>St. Pete FL. 33708</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **President**

**April 27, 2000**

**727-541-6011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)