2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000064180**

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

BEHRINGER, WILLIAM

11720 N. BOULEVARD **TAMPA FL 33612**

9. This corporation is eligible to satisfy its Intangible

BEHRINGER, WILLIAM

11720 N. BOULEVARD

TAMPA FL 33612

Tax filing requirement and elects to do so.

(See criteria on back)

City & State

Zip

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STEP BY STEP DESIGNS, INC.

Principal Place of Business	Mailing Address	
i i 720 n. Boulevard , ampa fl. 33612	11720 N. BOULEVARD TAMPA FL 33612-4144	-
2. Principal Place of Business	3. Mailing Address	

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

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12.

TITLE

NAME

TITLE NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

CITY~ST-7IP

CITY-ST-ZIP

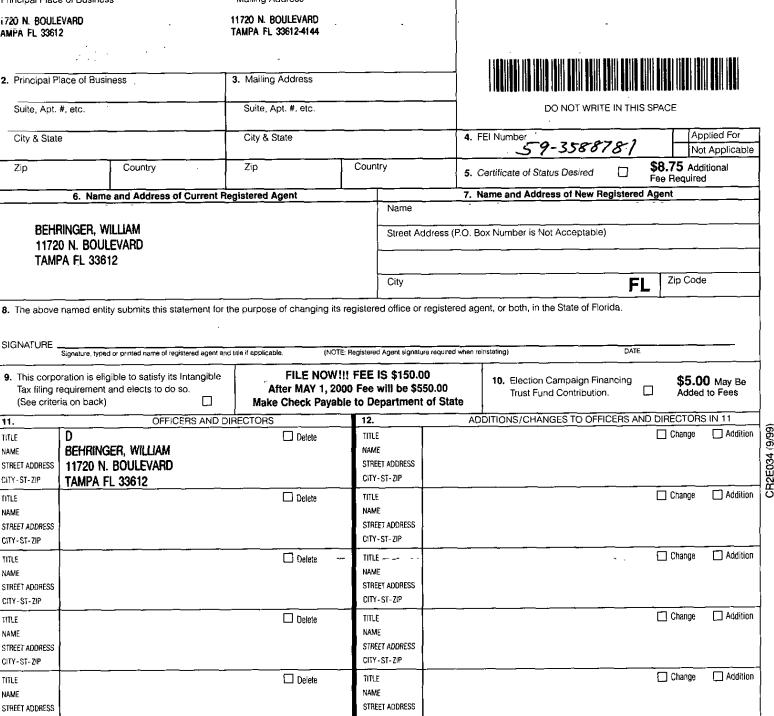
Name

City

City & State

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90040 042 ***150.00



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.

CITY-ST-ZIP

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition