

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90079 041 ***150.00

0045814

DOCUMENT # P99000064180

1. Entity Name
STEP BY STEP DESIGNS, INC.

Principal Place of Business Mailing Address
 11720 N. BOULEVARD 11720 N. BOULEVARD
 TAMPA FL 33612 TAMPA FL 33612

00048310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 6996 CROCK AVE 6996 CROCK AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 North Port North Port
 City & State City & State
 FLORIDA FLORIDA

4. FEI Number **59-3588781** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 Zip Country Zip Country
 34286 USA 34286 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEHRINGER, WILLIAM
 11720 N. BOULEVARD
 TAMPA FL 33612

Name **BEHRINGER - William**
 Street Address (P.O. Box Number is Not Acceptable)
6996 CROCK AVE
 City **North Port FL** Zip Code **34286**

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 DATE **3/3/01**
Signature, typed or printed name of registered agent and title 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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRINGER, WILLIAM	NAME	William BEHRINGER
STREET ADDRESS	11720 N. BOULEVARD	STREET ADDRESS	6996 CROCK AVE
CITY-ST-ZIP	TAMPA FL 33612	CITY-ST-ZIP	NORTH PORT FL 34286
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE **3/3/01** Daytime Phone # **941-423-8889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)