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## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P99000074872 INSTEP 2000, INC. 04-19-2001 90318 021 \*\*\*158.75 Principal Place of Business Mailing Address 2102 KAROLINA AVE. 2102 KAROLINA AVE. 951830 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 2102 KAROLINA 2102 KAROLINA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3594179 WINTER PARK WINTER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOLEY, GARY Street Address (P.O. Box Number is Not Acceptable) 2102 KAROLINA AVE. WINTER PARK FL 32789 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Defete Change ☐ Addition TITLE TITLE NAME COOLEY, VERNELLE K NAME STREET ADDRESS STREET ADDRESS 2102 KAROLINA AVE. CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32789 ☐ Delete Change ☐ Addition TITLE STD TITLE NAME COOLEY, GARY NAME STREET ADDRESS STREET ADDRESS 2102 KAROLINA AVE. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME Gooley, WILLIAM STREET ADDRESS STREET ADDRESS 2102KAROLINA AUE 61 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK TITLE ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ 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.