

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080374

1. Entity Name  
FIRST STEP AUTOMOTIVE, INC. ✓

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90002 042 \*\*\*550.00

Principal Place of Business  
3301 NE 13TH TERR.  
POMPANO BCH FL 33064

Mailing Address  
3301 NE 13TH TERR.  
POMPANO BCH FL 33064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
169 SW 15th Street  
Suite, Apt. #, etc.

3. Mailing Address  
169 SW 15th Street  
Suite, Apt. #, etc.

City & State  
Deerfield Bch FL  
Zip  
33441  
Country  
USA

City & State  
Deerfield Bch FL  
Zip  
33441  
Country  
USA

4. FEI Number  
05-0947678  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
EZZELL, GEORGE J JR.  
3301 NE 13TH TERR.  
POMPANO BCH FL 33064

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 \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PTVS EZZELL, GEORGE J JR. 3301 NE 13TH TERR. POMPANO BCH FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EZZELL, GEORGE J JR. 3301 NE 13TH TERR. POMPANO BCH FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/24/00 954-695-4504  
Date Daytime Phone #