

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098010

1. Entity Name
ONE STEP SOLUTION, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90274 031 ***150.00

Principal Place of Business

5547 N MILITARY TRAIL #2410
BOCA RATON FL 33496

Mailing Address

5547 N MILITARY TRAIL #2410
BOCA RATON FL 33496

2. Principal Place of Business

2061 N.W. 2ND AVE.

Suite, Apt. #, etc.

201

City & State

BOCA RATON FL

Zip

33431

Country

USA

3. Mailing Address

2061 N.W. 2ND AVE.

Suite, Apt. #, etc.

201

City & State

BOCA RATON FL

Zip

33431

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0961534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUBBS, DANIEL

5547 N MILITARY TRAIL #2410
BOCA RATON FL 33496

Name

STUBBS, DANIEL

Street Address (P.O., Box Number is Not Acceptable)

2061 N.W. 2ND AVE.

Suite 201

BOCA RATON

FL

Zip Code

33431

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

4/29/01

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD STUBBS, DANIEL 5547 N MILITARY TRAIL #2410 BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	PD STUBBS, DANIEL 2061 N.W. 2ND AVE. # 201 BOCA RATON, FL 33431	<input checked="" 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 registered 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

Date

Daytime Phone #

4/29/01 **561-620-8114**

CR2E034 (10/00)