

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91329 038 ***150.00

DOCUMENT # **P98000091771**

1. Entity Name

GAME PLAN FINANCIAL, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 GLADES RD

3. Mailing Address

Suite, Apt. #, etc.

450

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip

33431

Country

US

Zip

Country

4. FEI Number

65-0873896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name - **SCIARRETTA, STEVEN A ESQ**

Street Address (P.O. Box Number is Not Acceptable)
2300 GLADES RD

STE 302E

City

BOCA RATON

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00**

Amended UBR is \$61.25

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
**D
SCIARRETTA, STEVEN A
2300 GLADES RD #302E
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HURLEY, ARTHUR J
22248 COLLINGTON DR
BOCA RATON, FL 33428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR HURLEY

4/30/02

(561)398-1475

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**