## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P99000062395 MASCOT HOLDINGS CORP. 04-18-2000 90166 049 \*\*\*150.00 Principal Place of Business Mailing Address 1451 SOUTH STATE ROAD 7 1451 SOUTH STATE ROAD 7 HOLLYWOOD FL 33023-6714 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOTT, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 1451 SOUTH STATE ROAD 7 HOLLYWOOD FL 33023 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 ered 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **K** Change ☐ Addition TITLE Delete anetScott SCOTT, MATTHEW NAME NAME 1451 So. State Road 7 STREET ADDRESS 1451 SOUTH STTE ROAD 7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF HOLLYWOOD FL 33023 Change ☐ Delete TITLE Addition TITLE Call T NAME NAME and the endings when STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/F Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY: ST-782 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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)(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: