

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90032 029 \*\*\*150.00

**DOCUMENT # P99000062395**

1. Entity Name  
**MASCOT HOLDINGS CORP.**

Principal Place of Business  
**1451 SOUTH STATE ROAD 7  
 HOLLYWOOD FL 33023**

Mailing Address  
**1451 SOUTH STATE ROAD 7  
 HOLLYWOOD FL 33023**

00010044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2123 No. State Road 7**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2123 No. State Road 7**  
 Suite, Apt. #, etc.

City & State  
**Hollywood Florida**

City & State  
**Hollywood Florida**

4. FEI Number **65-0933965** Applied For  
 Not Applicable

Zip Country  
**33021 USA**

Zip Country  
**33021 USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SCOTT, JANET  
 1451 SOUTH STATE ROAD 7  
 HOLLYWOOD FL 33023**

**7. Name and Address of New Registered Agent**

Name **Janet Scott**  
 Street Address (P.O. Box Number's Not Acceptable)  
**2123 No. State Road 7**  
 City **Hollywood** FL Zip Code **33021**

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 Janet Scott **Janet Scott - President** 1/22/02  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>P</b> <b>SCOTT, JANET</b> <b>1451 SO STATE ROAD 7</b> <b>HOLLYWOOD FL 33023</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Janet Scott - Pres.</b> <b>2123 North State Road 7</b> <b>Hollywood, FL 33021</b>	<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
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

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 Janet Scott **Janet Scott - Pres.** 1/22/02 954-962-3202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)