2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90400 008 ***150.00

DOCUMENT # H66837

1. Entity Name
AT SCRATCHERS, INC.

Principal Place of Business
1856 N PINE ISLAND RD.
PLANTATION FL 33322

Mailing Address
1856 N PINE ISLAND RD.
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1816 N. Pine Island Rd.
Suite, Apt. #, etc.: PLANTATION, FL
City & State: 33322
Zip:
Country: BROWARD

3. Mailing Address: 1816 N. Pine Island Rd.
Suite, Apt. #, etc.: PLANTATION, FL
City & State: 33322 BROWARD
Zip:
Country:

4. FEI Number: 65-0063934 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
EISENBERG, STACY B.
1856 N PINE ISLAND RD.
PLANTATION FL 33322

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: Stacy B. Eisenberg, Pres. 4/10/02
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	P ☐ Delete	TITLE	P. ☑ Change ☐ Addition
NAME	EISENBERG, STACY B.	NAME	STACY B. Eisenberg
STREET ADDRESS	1856 N PINE ISLAND RD.	STREET ADDRESS	1816 N. Pine ISLAND Rd.
CITY-ST-ZIP	PLANTATION FL	CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Stacy B. Eisenberg, President 954-476-7097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)