

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90002 043 ***150.00

DOCUMENT # L16139

1. Entity Name
23 SKIDDOO, INC.

Principal Place of Business
**10170 N.W. 24TH COURT
 C/O VANESSA SIEGEL
 SUNRISE FL 33322**

Mailing Address
**10170 N.W. 24TH COURT
 C/O ROBERT SIEGEL
 SUNRISE FL 33322
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0158144

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SIEGEL, ROBERT
 10170 NW 24TH CT.
 SUNRISE FL 33322**

7. Name and Address of New Registered Agent

Name **SANFORD SIEGEL**
 Street Address (P.O. Box Number is Not Acceptable)
10170 N.W. 24TH COURT
 City **SUNRISE** FL Zip Code **33322**

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 **SANFORD SIEGEL**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/02
 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D SIEGEL, ROBERT <input checked="" type="checkbox"/> Delete		D SIEGEL SANFORD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10170 N.W. 24 CT.	STREET ADDRESS	10170 NW 24TH COURT
CITY-ST-ZIP	SUNRISE FL	CITY-ST-ZIP	SUNRISE FL 33322
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (954) 741-6448
 Date Daytime Phone #

CR2E034 (9/01)