

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90061 041 \*\*\*150.00

0344096 AV

**DOCUMENT # L71369**

1. Entity Name  
**SCERBO, INC.**

Principal Place of Business % EUGENE F. SCERBO 1319 E COMMERCIAL BLVD FT LAUDERDALE FL 33334	Mailing Address % EUGENE F. SCERBO 1319 E COMMERCIAL BLVD FT LAUDERDALE FL 33334
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0191074</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SCERBO, EUGENE F. 1319 E COMMERCIAL BLVD FT LAUDERDALE FL 33334				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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCERBO, EUGENE F.		NAME				
STREET ADDRESS	1319 E COMMERCIAL BLVD		STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCERBO, SYLVIA		NAME				
STREET ADDRESS	1319 E. COMMERCIAL BLVD.		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCERBO, MICHELLE		NAME				
STREET ADDRESS	1319 E. COMMERCIAL BLVD		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BARNES, MARY		NAME				
STREET ADDRESS	1319 E COMM BLVD		STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WONG, ANTHONY		NAME				
STREET ADDRESS	1319 E COMM BLVD		STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Eugene F. Scerbo      2/02/02 (954) 491-4366  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)