

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0684973 FP

DOCUMENT # M34170

1. Entity Name
SCRAPY'S INC.



FILED

03 SEP 22 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O SANDY LEIBOV
7457 BLACK OLIVE WAY
TAMARAC FL 33321

Mailing Address
C/O SANDY LEIBOV
7457 BLACK OLIVE WAY
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2786009

Applied For
Not Applicable

Zip

Country

Zip

Country

-5. Certificate of Status Desired: ☐ - \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIBOV, SANDY
7547 BLACK OLIVE WAY
TAMARAC FL 33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	LEIBOV, BERNARD	
STREET ADDRESS	7547 BLACK OLIVE WAY	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEIBOV, SANDY	
STREET ADDRESS	7547 BLACK OLIVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300023831739
10/15/03--01078--018 **550.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/03
Date

954-486-2010
Daytime Phone #

CR2E034 (10/02)