2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
03-21-2001 90028 043 ***150.00

DOCUMENT # N97000005402

36047

1. Entity Name

FT LAUDERDALE SCREAMERS INC

Principal Place of Business	Mailing Address
FT LAUDERDALE	9651 NW 20 PL SUNRISE, FL 33322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
FT LAUDERDALE	9651 NW 20 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: SUNRISE, FL
Zip: 33322 Country: USA	Zip: 33322 Country: USA

4. FEI Number: 65-0783196 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: ROBERT J. STARR
	Street Address (P.O. Box Number is Not Acceptable): 9651 NW 20 PL
	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: _____ 3/15/01
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, 2001 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	~~DIRECTOR~~ PRESIDENT MITCH HILL 3540 SW 15 ST FT LAUDERDALE, FL 33312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BOB STARR 9651 NW 20 PL SUNRISE, FL 33322	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT BOB STARR 9651 NW 20 PL SUNRISE, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ VICE PRESIDENT JERRY BOPP 3252 RIDGE TRACK DAVIE, FL 33328	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER REGINA STEINBECK 1990 RIVERLAND RD FT LAUDERDALE, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JO ANN STARR 9651 NW 20 PL SUNRISE, FL 33322	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 3/15/01 954 746 2803
FOR OFFICE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #