

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027670

1. Entity Name

SOMETHINGWITHCOLOR.COM, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90076 012 ***150.00

Principal Place of Business

3651 FLORIDA ATLANTIC BLVD.
SUITE 200
BOCA RATON FL 33431

Mailing Address

3651 FLORIDA ATLANTIC BLVD.
SUITE 200
BOCA RATON FL 33431

2. Principal Place of Business

3020 NORTH MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 275

City & State

BOCA RATON

Zip

33431

Country

PAVN BEACH

3. Mailing Address

3020 NORTH MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 275

City & State

BOCA RATON

Zip

33431

Country

PAVN BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0995189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ.
GREENSPOON MARDER HIRSCHFIELD, P.A.
100 WEST CYPRESS CREEK RD., SUITE 700
FT. LAUDERDALE FL 33309

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

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

(NOTE: Registered Agent's 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

TITLE NAME	D GOETZ, HERBERT P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6351 FLORIDA ATLANTIC BLVD. SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE NAME	D WENDY E. GERSI	<input type="checkbox"/> Delete
STREET ADDRESS	3020 NORTH MILITARY TRAIL	
CITY-ST-ZIP	SUITE 275 BOCA RATON, FL 33431	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

WENDY E. GERSI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-01

Date

1-561-988 8729

Daytime Phone #

CR2E034 (10/00)