

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90047 016 \*\*\*150.00

**DOCUMENT # P00000041703**

**1. Entity Name**  
**NOTHING BUT TIME, INC.**

**Principal Place of Business**

**Mailing Address**

~~2100 SOUTH OCEAN DRIVE~~

~~2100 SOUTH OCEAN DRIVE~~

~~SUITE 100~~

~~SUITE 100~~

~~FORT LAUDERDALE FL 33316~~

~~FORT LAUDERDALE FL 33316~~

**2. Principal Place of Business**

**2200 SOUTH OCEAN LANE**

**3. Mailing Address**

**2200 SOUTH OCEAN LANE**

Suite, Apt. #, etc.

**2203**

Suite, Apt. #, etc.

**2203**

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

Zip

**33316**

Country

**Florida**

Zip

**33316**

Country

**Florida**

**4. FEI Number**

**69-1003097**

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**

**KNOHL, MITCHELL**

~~2100 SOUTH OCEAN DRIVE~~

~~APT. 100~~

~~FORT LAUDERDALE FL 33316~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**2200 SOUTH OCEAN LANE**

**#2203**

City

**Ft. Lauderdale**

**FL**

Zip Code

**33316**

**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 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, 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**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD**  
**KNOHL, MITCHELL T**  
~~2100 SOUTH OCEAN DRIVE~~  
~~FORT LAUDERDALE FL 33316~~

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**2200 SOUTH OCEAN LANE #2203**  
**Ft. Lauderdale, FL 33316**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE**  
**MITCHELL KNOHL**

**1/7/02**

**954-522-0834**

CR2E034 (9/01)