

FOR/PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

DOCUMENT # *P00000048201*

1. Entity Name

XXOTIK EROTIX, INC.



04-01-2004 90008 037 ***150.00

DO NOT WRITE IN THIS SPACE

54025114

2. Principal Place of Business

530 KINGWAY DRIVE

3. Mailing Address

530 KINGWAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELTONA, FLORIDA

City & State

DELTONA, FLORIDA

4. FEI Number

59-3655141-151512

Applied For

Not Applicable

Zip *32725*

Country *USA*

Zip *32725*

Country *USA*

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *SHIRLEY J. RICE*

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

530 KINGWAY DRIVE

City *DELTONA*

FL

Zip Code *32725*

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 *Shirley J. Rice*

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

(NOTE: Registered Agent signature required when reinstating)

4/1/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> <i>PRESIDENT</i> <i>SHIRLEY J. RICE</i> <i>530 KINGWAY DRIVE</i> <i>DELTONA, FLORIDA 32725</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <i>VICE PRESIDENT</i> <i>JALIL K. DOWDY</i> <i>31 BALMORAL COURT</i> <i>EDISON, NEW JERSEY 08877</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ST</i> <i>SECRETARY-TREASURER</i> <i>SHIRLEY J. RICE</i> <i>530 KINGWAY DRIVE</i> <i>DELTONA, FLORIDA 32725</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley J. Rice*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04
Date

386-860-9831
Daytime Phone #

CR2E034B (12/02)