

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90143 005 ***150.00

DOCUMENT # P00000048201

1. Entity Name

XXOTIK EROTIX, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4625 FALLING ACORN CIRCLE

3. Mailing Address

4625 FALLING ACORN CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE MARY, FLORIDA

City & State

MARY, FLORIDA

4. FEI Number

59-3655141-151512

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

4625 FALLING ACORN CIRCLE

City

LAKE MARY

FL

Zip Code

32746

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 of agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/03

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 | P |
| NAME | PRESIDENT |
| STREET ADDRESS | SHIRLEY J. RICE |
| CITY - ST - ZIP | 4625 FALLING ACORN CIRCLE LAKE MARY, FL. 32746 |
| TITLE | VP |
| NAME | VICE PRESIDENT |
| STREET ADDRESS | JALIL K. DOWDY |
| CITY - ST - ZIP | 3 BALMORAL COURT EDISON, NEW JERSEY 08817 |
| TITLE | ST |
| NAME | SECRETARY-TREASURER |
| STREET ADDRESS | SHIRLEY J. RICE |
| CITY - ST - ZIP | 4625 FALLING ACORN CIRCLE LAKE MARY, FL 32746 |
| TITLE | |
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| STREET ADDRESS | |
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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

4/1/03

407-320-7031

Date

Daytime Phone #

CR2E034B (12/02)