

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084765

1. Entity Name

SOMETHING EXTRA-PLUS, CORP.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90105 011 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5207 NW 39TH AVENUE~~  
~~FT LAUDERDALE FL 33309~~

~~5207 NW 39TH AVENUE~~  
~~FT LAUDERDALE FL 33309~~

281 NE 40th Ct.  
Oakland Park, Fl. 33334

281 NE 40th Ct.  
Oakland Park, Fl. 33334

2. Principal Place of Business

3. Mailing Address

281 NE 40th Ct.

281 NE 40th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Oakland Park FL

City & State  
Oakland Park FL

4. FEI Number  
65-1040312

Applied For

Not Applicable

Zip  
33334

Country  
Broward

Zip  
33334

Country  
Broward

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

CARRINGTON, BARBARA J

~~5207 NW 39TH AVENUE~~

~~FT LAUDERDALE FL 33309~~

281 NE 40th Ct.

Oakland Park, Fl. 33334

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

*Barbara J. Carrington*

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  
PD  
CARRINGTON, BARBARA J-  
5207 NW 39TH AVENUE  
FT LAUDERDALE FL 33309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Carrington, Barbara J.  
281 NE 40th Ct.  
Oakland Park, Fl. 33334 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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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:

*Barbara J. Carrington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-00

Date

954-564-8274

Daytime Phone #

CR2E034 (10/00)