

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90157 050 \*\*\*150.00

DOCUMENT # P00000084765

1. Entity Name  
Something Extra-Plus, corp.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
280 NE 40th St  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 23426  
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

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip  
33334

Country  
USA

Zip  
33334

Country  
USA

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Barbara J. Carrington

Street Address (P.O. Box Number is Not Acceptable)  
280 NE 40th St

City  
Oakland Park FL Zip Code  
33334

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$650.00  
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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <u>P-T-S-D-C-M-</u><br><u>Barbara J. Carrington</u><br><u>280 NE 40th St</u><br><u>Oakland Park, FL 33334</u> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
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**DO NOT WRITE  
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: Barbara J. Carrington 4/25/03 954-564-8274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)