

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90004 046 ***150.00

DOCUMENT # P00000093455

1. Entity Name

SKIP FREDRICKS TV, INC.

Principal Place of Business

3326 COOLIDGE STREET
HOLLYWOOD FL 33021

Mailing Address

3326 COOLIDGE STREET
HOLLYWOOD FL 33021

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

651044892

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

BRILL, THEODORE F ESQ
THEODORE F. BILL, P.A.
8211 WEST BROWARD BLVD SUITE 360
PLANTATION FL 33324-2737

Name SKIP Fredricks

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

3326 Coolidge St

City Hollywood

FL

Zip Code 33021

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 X SKIP Fredricks

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

Signature of Registered Agent

(NOTE: Registered Agent signature required when reinstating)

4-26-01

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 PRES. Sec. Tre. ☐ Delete
NAME SKIP FREDRICKS
STREET ADDRESS 3326 Coolidge St
CITY-ST-ZIP Hlwd. FL 33021

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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: Skip Fredricks 4-27-01 954-981-9970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)