

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000105581**

1. Entity Name

ELECTROSCRIP, INC.**FILED****Jan 10, 2001 8:00 am
Secretary of State**

01-10-2001 90076 041 ***150.00

Principal Place of Business Mailing Address
205-B JFK DRIVE 205-B JFK DRIVE
ATLANTIS FL 33462 ATLANTIS FL 33462

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1054340 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
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134
Name: MORRIS SHLAMOWITZ
Street Address (P.O. Box Number is Not Acceptable)
205-B JFK DRIVE
City: ATLANTIS FL Zip Code: 33462

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

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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	
NAME	SHLAMOWITZ, MORRIS A	NAME	
STREET ADDRESS	205-B JFK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	CITY-ST-ZIP	
TITLE	SVD	TITLE	
NAME	ELLISON, PATRICK M	NAME	
STREET ADDRESS	205-B JFK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)