

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91096 019 ***150.00

DOCUMENT # *P01000025472*

1. Entity Name

DEATHWISH INCORPORATED



DO NOT WRITE IN THIS SPACE

30034456

2. Principal Place of Business

10695 LAKE OAK WAY

Suite, Apt. #, etc.

3. Mailing Address

10 LOTHROP ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

Zip

33498

Country

USA

City & State

BEVERLY, MA

Zip

01915

Country

USA

4. FEI Number

45-1082884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DUBROW DUKER & ASSOC. P.A.

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

2832 UNIVERSITY DR

City

CORAL SPRINGS

FL

Zip Code

33065

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 | NAME | STREET ADDRESS | CITY-ST-ZIP |
|----------------|-----------------|----------------|--------------------|
| PRESIDENT | JACOB BANNON | 10 LOTHROP ST. | BEVERLY, MA 01915 |
| VICE-PRESIDENT | TRACEY MCCARTHY | 10 LOTHROP ST. | BEVERLY, MA, 01915 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03

Date

(978) 927 6730

Daytime Phone #

CR2E034B (12/02)