

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

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90132 009 ***550.00

DOCUMENT # P01000042112

1. Entity Name

UNCENSORED, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

621 NW 53rd ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 240

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

4. FEI Number

05-1098929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTIN I. BODZIN

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

621 NW 53rd ST, SUITE 240

City

BOCA RATON

FL

33487

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IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- SUSAN FRIEDOPFER DPT
1544 ISLAND WAY
WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DONNA BODZIN DVS
3370 NO. 36th PLACE
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna B. Bodzin

DONNA BODZIN

7-11-02

(954) 987 8121

CR2E034B (12/01)