

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

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90024 001 \*\*\*150.00

DOCUMENT # *P 01000058725*

1. Entity Name

*The BACK ZONE, INC*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*844 NE 72nd St*

3. Mailing Address

*844 NE 72nd St*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*BOCA RATON FL*

City & State

*BOCA RATON FL*

4. FEI Number

*65-1118959*

Applied For

Not Applicable

Zip

*33487*

Country

*U.S.*

Zip

*33487*

Country

*U.S.*

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Todd Goldberg*

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

*844 NE 72nd St*

City

*Boca Raton*

FL

Zip Code

*33487*

**DO NOT WRITE  
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]*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*6/25/02*

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

*President  
Todd Goldberg  
844 N.E. 72nd St.  
BOCA RATON FL 33487*

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*6/25/02 954-261-6701*

CR2E034B (12/01)

Attachment #FD1000058725

120000

To Division of Corporations,

As per my conversation with your office, I have downloaded the WBR reports for each corporation.

Please note that the forms were not recieved by me; as the address sent to is no longer correct. I have changed the mailing address for each corporation and anticipate that future filings will be done at the correct times.

Thank you for your consideration in this matter. Your help has been appreciated.

Respectfully,

Todd Goldberg  
6/24/12  
As Officer