

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90212 035 ***158.75

DOCUMENT # P01000103541

1. Entity Name
STRICTLY ADDITIONS, INC.

Principal Place of Business

**511 SW 5 AVENUE
 FT. LAUDERDALE FL 33315**

Mailing Address

**511 SW 5 AVENUE
 FT. LAUDERDALE FL 33315**

2. Principal Place of Business

317 South State Rd. 7

3. Mailing Address

317 South State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation FL

4. FEI Number

65-1146882

Applied For

Not Applicable

Zip

Country

33317 U.S.A.

Zip

Country

33317 U.S.A.

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BARITZ, NEIL S ESQ.
 DREIER BARITZ & COLMAN
 150 EAST PALMETTO PARK ROAD, SUITE 750
 BOCA RATON FL 3342**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **MORSE, CRAIG P**
 STREET ADDRESS **511 SW 5 AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

TITLE **STD** ☐ Delete
 NAME **MORSE, PATRICK**
 STREET ADDRESS **511 SW 5 AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **STD MORSE, PATRICK**
 STREET ADDRESS **421 SW 8 street**
 CITY-ST-ZIP **FL. Lauderdale FL 33315**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Patrick Morse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

954-791-8100

Daytime Phone #

CR2E034 (9/01)