

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

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90190 048 \*\*\*150.00

DOCUMENT # P01000112711

1. Entity Name  
SUBCONSCIOUS TOO, INC. ✓

**DO NOT WRITE IN THIS SPACE**

819553

2. Principal Place of Business  
3000 NE 30 PLACE, STE 207  
Suite, Apt. #, etc.  
FT LAUDERDALE, FL  
City & State

3. Mailing Address  
same  
Suite, Apt. #, etc.  
City & State

DO NOT WRITE IN THIS SPACE

Zip 33306 Country USA

4. FEI Number  
65-1155418 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
ALFRED FLORIO, JR.  
Street Address (P.O. Box Number is Not Acceptable)  
3000 NE 30 PLACE STE 207  
FT LAUDERDALE  
City FL Zip Code 33306

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] 1-24-02  
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 P.T. ALFRED FLORIO, JR.  
STREET ADDRESS 3000 NE 30 PL. STE 207  
CITY-ST-ZIP FT LAUDERDALE, FL 33306

TITLE  
NAME V.P. CAROLYN BOLTON  
STREET ADDRESS 3000 NE 30 PL. STE 207  
CITY-ST-ZIP FT. LAUDERDALE, FL 33306

TITLE  
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STREET ADDRESS  
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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] PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02 954-630-0880  
Date Daytime Phone #

CR2E034B (12/01)