

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90186 023 ***150.00

DOCUMENT # P02000050798

1. Entity Name
SOFTSCRUBS CORPORATION, INC.



Principal Place of Business
5057 OKEECHOBEE BLVD
WPB, FL 33417

Mailing Address
5057 OKEECHOBEE BLVD
WPB, FL 33417

2. Principal Place of Business
19141 Fox Landing DR
Suite, Apt. #, etc.

3. Mailing Address
19141 Fox Landing DR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton FL
Zip
33434
Country
USA

City & State
Boca Raton, FL
Zip
33434
Country
USA

4. FEI Number
01-0670369
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARROCH, HAIM
5057 OKEECHOBEE BLVD
WPB, FL 33417

7. Name and Address of Now Registered Agent

Name
JOY ZIPPER
Street Address (P.O. Box Number is Not Acceptable)
19141 Fox Landing DR
City **Boca Raton** FL Zip Code **33434**

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.

Joy Zipper
(NOTE: Registered Agent signature required when registering)

5/8/03
DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	DVS HARROCH, HAIM 5057 OKEECHOBEE BLVD WPB, FL 33417	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ZIPPER, JOY 5057 OKEECHOBEE BLVD WPB, FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ZIPPER, JOY 5057 OKEECHOBEE BLVD WPB, FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	19141 Fox Landing DR. Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS JILL LANDAU Montalbano 17173 Bermuda Village DR. Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joy Zipper **5/8/03**

Daytime Phone #

CR2034 (10/02)

Attachment
90135818

AICPA MEMBER

NHSCPA MEMBER

ALAN N. RAZLA, PA.

(954) 983 - 9394 Tel
(954) 983 - 6799 Fax

E-mail: wwwcpa@netzero.net

Florida Office:
ALAN N. RAZLA, PA
3218 Stirling Road
Hollywood, Florida
33021

NH Office
ALAN N. RAZLA, CPA
Certified Public Accountant
26 South Main St. Suite 521
Concord, NH 03301

B"H

May 8, 2003

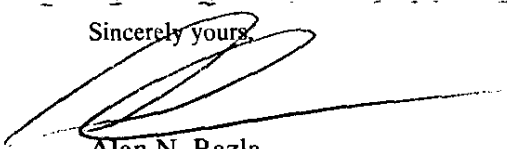
RE: Softscrubs Corporation Inc.,
P02000050798

Dear Sir or Madam:

Enclosed is a completed Corporation Annual Report Form for the above Company. Please be advised that neither our office, or our client's office, or the registered agents office receive the pre-printed annual report in the mail for 2003. In fact this report was prepared by our office on behalf of the client from information derived from the internet site. Our clients were notified by their bank that their Company is "Not Active". They immediately contacted our office to prepare the following.

We ask that you please accept this application and waive the late penalty. I thank you in advance. Enclosed is the annual fee for the above years of \$150.

Sincerely yours,


Alan N. Razla,
Alan N. Razla, PA

anr:dn
Enclosure: