2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 17, 2000 8:00 am Secretary of State DOCUMENT # **P94000042109** 1. Entity Name SCORE INTERNATIONAL, INC. 03-17-2000 90031 047 ***150.00 Principal Place of Business Mailing Address 411 CENTRAL PARK DR. 411 CENTRAL PARK OR. SANFORD FL 32771-6670 SANFORD FL 32771 UAUIU4 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3250954 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDY, HENRY R. Street Address (P.O. Box Number is Not Acceptable) 411 CENTRAL PARK DR. SANFORD FL 32771 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition Delete TITLE HARDY, HENRY NAME NAME STREET ADDRESS 996 WHITEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP **DELTONA FL 32725** Change Addition ☐ Delete TITLE TITLE MILLONIG, JOHN B. IV Millonia John NAME NAME STREET ADDRESS 1033 WINTER SPRINGS BLVD. STREET ADDRESS sanford. CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL Change Addition Delete TITLE TITLE ASTARITA, JOANNE NAME NAME 757 W LUDLUM DR STREET ADDRESS STREET ADDRESS **DEHONA FL 32725** CITY-ST-ZIP CITY-ST-ZIP Deltona, FL 32725 ☐ Change ☐ Addition TITLE ☐ Delete filti F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition