

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90025 015 ***150.00

DOCUMENT # P94000071046

1. Entity Name
THE SUBOLOGIST, INC.



Principal Place of Business
2106 TYLER ST
HOLLYWOOD, FL 33020

Mailing Address
2106 TYLER ST
HOLLYWOOD, FL 33020

50000111



2. Principal Place of Business - No P.O. Box #
2207 Hollywood Blvd
Suite, Apt. #, etc.

3. Mailing Address
2207 Hollywood Blvd
Suite, Apt. #, etc.

02282008 Chg-P CR2E034 (12/06)

City & State
Hollywood FL
Zip Country
33020 Broward

City & State
Hollywood FL
Zip Country
33020 Broward

4. FEI Number
65-0522305
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLOOM, BARBARA
2106 TYLER ST
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name
Bloom, BARBARA
Street Address (P.O. Box Number is Not Acceptable)
2207 Hollywood Blvd
City Hollywood FL Zip Code 33020

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

Barbara Bloom

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BLOOM, BARBARA
STREET ADDRESS 2701 SCOTT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Bloom, BARBARA
STREET ADDRESS 2207 Hollywood Blvd
CITY-ST-ZIP HOLLYWOOD FL 33020

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Bloom Barbara Bloom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/08

Date

9549211008

Daytime Phone #