

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90146 002 \*\*\*150.00

0343817 AV

**DOCUMENT # P96000018083**

1. Entity Name  
**SURVIVOR ENTERPRISES, INC.**

Principal Place of Business  
**1661 N.E. 57TH STREET**  
**FT. LAUDERDALE FL 33334**

Mailing Address  
**1661 N.E. 57TH STREET**  
**FT. LAUDERDALE FL 33334**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0645446**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GELWICKS, SUSAN**  
**1661 N.E. 57TH STREET**  
**FT. LAUDERDALE FL 33334**

Name **Susan B. Thompson**

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

**Same**

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 **Susan B. Gelwicks Thompson** **Susan B. Thompson**

**3/12/2002**

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

(NOTE: Registered Agent signature required when reinstalling)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \*  
 NAME **D**  
 STREET ADDRESS **GELWICKS, SUSAN**  
 CITY-ST-ZIP **1661 N.E. 57TH STREET**  
**FT. LAUDERDALE FL 33334**

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **Susan B. Thompson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/2002**

Date

**954.716.9121**

Daytime Phone #

CR2E034 (9/01)

Attachment  
Document #

345599

Department of Health • Vital Statistics  
STATE OF FLORIDA  
MARRIAGE RECORD  
TYPE IN UPPER CASE  
USE BLACK INKThis license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

P96000018083

(STATE FILE NUMBER)

DATE RETURNED: MAR 02 2002

RECORDED: BOOK 339 PAGE 3080

HOWARD C. FORMAN, CLERK OF COURT  
BY *SR*, DEPUTY CLERK

ML-CE-01-014155

(APPLICATION NUMBER)

## APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) THOMAS ALFRED THOMPSON, JR.		2. DATE OF BIRTH (Month, Day, Year) MAR 04, 1950	
3a. RESIDENCE - CITY, TOWN, OR LOCATION HOLLYWOOD	3b. COUNTY BROWARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA
5a. BRIDE'S NAME (First, Middle, Last) SUSAN ELIZABETH GELWICKS		5b. MAIDEN SURNAME (If different) BROOKS	
6. DATE OF BIRTH (Month, Day, Year) APR 25, 1950		7. BIRTHPLACE (State or Foreign Country) IOWA	
7a. RESIDENCE - CITY, TOWN, OR LOCATION FORT LAUDERDALE	7b. COUNTY BROWARD	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) IOWA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED  
ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE  
NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Thomas Alfred Thompson Jr.</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) DEC 28, 2001
11. TITLE OF OFFICIAL DEPUTY CLERK R. LICATA	12. SIGNATURE OF OFFICIAL (Use black ink) <i>R. Licata</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Susan Elizabeth Gelwicks</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) DEC 28, 2001
15. TITLE OF OFFICIAL DEPUTY CLERK R. LICATA	16. SIGNATURE OF OFFICIAL (Use black ink) <i>R. Licata</i>

## LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM  
A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST  
BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

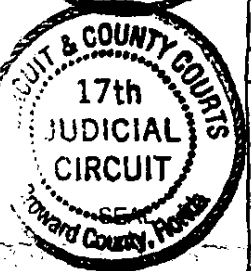
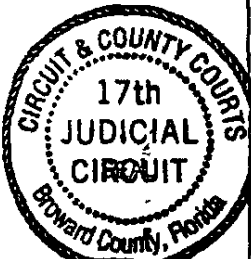
17. COUNTY ISSUING LICENSE BROWARD	18. DATE LICENSE ISSUED DEC 28, 2001	19. DATE LICENSE EFFECTIVE DEC 31, 2001	20. EXPIRATION DATE FEB 28, 2002
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>R. Licata</i>		20b. BY D.C. DEPUTY CLERK R. LICATA	

## CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) FEB. 2, 2002	22. CITY, TOWN, OR LOCATION OF MARRIAGE LIGHTHOUSE POINT, FL.
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Rev. Ray Brower</i>	23b. ADDRESS (Of person performing ceremony) P.O. BOX A BOCA RATON, 33432
23c. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) REV. RAY BROWER MINISTER • BOCA RATON Community Church	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Becca Gelwicks</i>
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Becca Gelwicks</i>	

SEAL



INFORMATION REL OW FOR USE BY VITAL STATISTICS ONLY, NOT TO BE RECORDED