## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attach

SIGNATURE

th/an address, with all other like empowered.

## May 11, 2001 8:00 am DOCUMENT # **P96000048738** Secretary of State ROSS, FORSTER, SCILLIA & BROOKS, INC. 05-11-2001 90016 018 \*\*\*150.00 Principal Place of Business Mailing Address 333 N. NEW RIVER DRIVE E. 3RD FL 333 N. NEW RIVER DRIVE E. 3RD FL FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 91-1779213 Not Applicable Zip Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCILLIA, MICHAEL V Street Address (P.O. Box Number is Not Acceptable) 2805 EAST OAKLAND PARK BLVD., PMB 110 FT. LAUDERDALE FL 33306 Zip Code City 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 app! cable (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Chairman, Secretar CEOS **C**hange SR2E034 (10/00 Addition TITLE ☐ Delete TITLE SCILLIA, MICHAEL V. SCILLIA, MICHAEL V CEO NAME NAME 333 N New RIVER DR., EAST, 3rd PL STREET ADDRESS 2419 E. COMMERCIAL BLVD- STE 307 STREET ADDRESS Ft landerd ALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP FT LAUD FL 33308 Change Addition TITLE ☐ Delete TITLE Fischera FISCHER, KAREN Z NAME 310 FL 333 H NW F STREET ADDRESS STREET ADDRESS 20869 PINAR TRAIL FL 33301 CITY-ST-ZIP CITY-ST-ZIP Et landerdale BOCA RATON FL 33431 (P, Director, ASST. Seev ☐ Delete TITLE **Change** Addition TITLE NAME KERSEY, KRISTA A NAME Kersey Krista A DR., E, STREET ADDRESS STREET ADORESS 2419 E. COMMERCIAL BLVD., SUITE 307 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 TLANderdaie PL A, ASST SECH Delete TITLE ☐ Change Addition TITLE NAME ADDE IS att. Ste 112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - 71P 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 suppliemental 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 Biock 11 or Block 12 if

KRISTA A KERSEN

ED NAME OF SIGNING OFFICER OR DIRECTOR