

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90237 016 ***150.00

DOCUMENT # P97000002735

1. Entity Name

TAKE A HIKE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1212 SE 1ST STREET

Suite, Apt. #, etc.

3. Mailing Address

1212 SE 1ST STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-0722476

Applied For

Not Applicable

Zip

33301

US

Zip

33301

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAY VALINSKY

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

100 NE THIRD AVE
SUITE 610

City

FORT LAUDERDALE FL

Zip Code

33301-1156

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
JACKOWITZ, DAVID
1212 SE 1ST STREET
FORT LAUDERDALE, FL 33301

TITLE
NAME
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID JACKOWITZ

Date

4/29/02

Daytime Phone #

954 292-3275

CR2E034B (12/01)