

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90036 003 ***150.00

0003110
 AT

DOCUMENT # P97000054689

1. Entity Name
THE SCRUB SHOP, INC.

Principal Place of Business

Mailing Address

~~710 E. ALTAMONTE DRIVE #1011~~
~~ALTAMONTE SPRINGS FL 32701~~

~~710 E. ALTAMONTE DRIVE #1011~~
~~ALTAMONTE SPRINGS FL 32701~~

2. Principal Place of Business

3. Mailing Address

345 E. SR 436

345 E. SR 436

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 101

SUITE # 101

City & State

City & State

FERN PARK, FL.

FERN PARK, FL.

Zip

Country

Zip

Country

32730

USA

32730

USA.

4. FEI Number

59-3453080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELLER, ROBERT L

Name

HELLER, ROBERT L.

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

345 E. SR 436, SUITE 101

City

FERN PARK

FL

Zip Code

32730

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

ROBERT L. HELLER, PRES.

4/16/02

(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) ☒

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	P	<input checked="" type="checkbox"/> Delete
NAME	HELLER, ROBERT L	
STREET ADDRESS	710 E. ALTAMONTE DRIVE, #1011	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	HELLER, ROBERT L.	<input checked="" type="checkbox"/> Delete
NAME	PRESIDENT	
STREET ADDRESS	345 E. SR 436, SUITE # 101	
CITY-ST-ZIP	FERN PARK, FL. 32730	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT L. HELLER	
STREET ADDRESS	345 E. SR 436, SUITE 101	
CITY-ST-ZIP	FERN PARK, FL. 32730	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 address, with all other like empowered.

SIGNATURE:

ROBERT L. HELLER

4/16/02 407-788-0993

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (9/01)