

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056616

1. Entity Name

OFF THE TOP OF YOUR HEAD, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90011 049 ***150.00

Principal Place of Business

Mailing Address

3260 W NEW HAVEN AVE
WEST MELBOURNE FL 32904

3260 W NEW HAVEN AVE
WEST MELBOURNE FL 32904-3541

2. Principal Place of Business

1542 S. Wickham Rd

3. Mailing Address

1542 S. Wickham Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

Melbourne Fla

Melbourne

Zip

Country

Zip

Country

32904

Brevard

32904

Brevard



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3462077

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUTRELO, MAURICE
3260 W NEW HAVEN AVE
WEST MELBOURNE FL 32904

Name

MAURICE PUTRELO

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

1542 S Wickham Rd

Suite B.

City

Melbourne

FL

Zip Code

32904

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

MAURICE PUTRELO

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

MAURICE PUTRELO Pres.

(NOTE: Registered Agent signature required when reinstating)

March 5, 2000

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PUTRELO, MAURICE	
STREET ADDRESS	3260 W NEW HAVEN AVE	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUTRELO, CARMEN J	
STREET ADDRESS	299 VINROSE CIR SE	
CITY-ST-ZIP	PALM BAY FL 32909	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Putrelo, MAURICE	
STREET ADDRESS	1542 S. Wickham Rd	
CITY-ST-ZIP	Melbourne Fla 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an address, with all other like empowered.

SIGNATURE:

MAURICE PUTRELO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

March 5, 2000

Daytime Phone #

321-723-3454

CR2E034 (9/99)