


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90083 046 ***150.00

DOCUMENT # P97000065718

1. Entity Name
No Surprises, Inc



DO NOT WRITE IN THIS SPACE

90017703

2. Principal Place of Business
2725 N.E. 21 AVE
Suite, Apt. #, etc.

3. Mailing Address
2725 N.E. 21 AVE
Suite, Apt. #, etc.
Fort Lauderdale
City & State
Florida
City & State
Zip
33306
Country
USA

4. FEI Number
65-0781733

Applied For
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Rockey Van Swain

Street Address (P.O. Box Number is Not Acceptable)
2725 N.E. 21 AVE

City Fort Lauderdale FL Zip Code 33306

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rockey Van Swain (NOTE: Registered Agent signature required when reinstating)

DATE JAN 29 2003

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>Rockey Van Swain</u> <u>2725 NE 21 AVE</u> <u>Fort Lauderdale FL 33306</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: Rockey Van Swain Rockey Van Swain JAN 29 2003 954 525 8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)