

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90450 032 ***550.00

DOCUMENT # P97000079044

1. Entity Name
FUTUREBALL, INC.

Principal Place of Business

**4260 NW 19 AVE
 OAKLAND PARK FL 33309**

Mailing Address

**4260 NW 19 AVE
 OAKLAND PARK FL 33309**

2. Principal Place of Business

4260 NW 19th Ave

Suite, Apt. #, etc.

Home

City & State

Oakland Park, FL

Zip

33309

Country

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

4. FEI Number

65-0789483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BRIGHT, ALAN C

4260 NW 19TH AVE

OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name

Alan C BRIGHT

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

4260 NW 19th Ave

City

Oakland Park

FL

Zip Code

33309

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

Alan Bright

Alan C Bright

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

TITLE **DPT** ☐ Delete
 NAME **BRIGHT, ALAN C**
 STREET ADDRESS **1439 BANKS ROAD**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **AS** ☒ Delete
 NAME **WILSON, JUSTIN T**
 STREET ADDRESS **2601 S BAYSHORE DR**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)