

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097635

1. Entity Name

SIT + STAY = OBEY, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90038 006 ***550.00

Principal Place of Business

4651 SW. 66 AVE
 #3
 DAVIE FL 33324

Mailing Address

4651 SW. 66 AVE
 #3
 PLANTATION FL 33324

2. Principal Place of Business

1873 N. PINE ISLAND RD
 Suite, Apt. #, etc.

3. Mailing Address

1873 N. PINE ISLAND RD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-0863273

Applied For

Not Applicable

Zip

33322

Country

BROWARD

Zip

33322

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, MICHAEL B
 664 NW 90TH TERRACE
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSTD	<input type="checkbox"/> Delete
NAME	BERNSTEIN, MICHAEL B	
STREET ADDRESS	664 NW 90TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33324	
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		<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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY MCINTYRE	
STREET ADDRESS	406 NW 68 AVE #401	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM MCINTYRE	
STREET ADDRESS	9122 VINEYARD LANE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN WEBSTER	
STREET ADDRESS	2960 NW 113 AVE	
CITY-ST-ZIP	PLANTATION, FL 33323	
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:

SIGNATURE: KELLY MCINTYRE

9/10/00

954/236-3232

Typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (5/00)