

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000105445**

1. Entity Name

SPONGE BROKERS INTERNATIONAL, INC.**FILED****Feb 15, 2001 8:00 am
Secretary of State**

02-15-2001 90334 032 ***150.00

Principal Place of Business

**1480 L & R INDUSTRIAL BLVD. UNIT 11A
TARPON SPRINGS FL 34689**

Mailing Address

**1480 L & R INDUSTRIAL BLVD UNIT 11A
TARPON SPRINGS FL 34688
US****A0023519**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1480

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3485041

Applied For

Not Applicable

Zip

Country

Zip

Country

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****SKAROULIS, JIM****1480 L & R INDUSTRIAL BLVD UNIT 11A
TARPON SPRINGS FL 34689**

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 \$150.00
After MAY 1, 2001 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	PDC	<input type="checkbox"/> Delete
NAME	SKAROULIS, JIM	
STREET ADDRESS	1480 L & R INDUSTRIAL BLVD UNIT 11A	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: *Jim Skaroulis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01 729 939-2091
Date Daytime Phone #

CR2E034 (10/00)