

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000011267

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: SCRAPTOPIA, INC.

Current Principal Place of Business:

622 OAKFIELD DRIVE
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

2212 WHITLOCK PLACE
DOVER, FL 33527 US

New Mailing Address:

FEI Number: 59-3493110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADLEY, RAWSKIA
2212 WHITLOCK PLACE
DOVER, FL 33527

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANCHET, JACQUELINE F
Address: 2212 WHITLOCK PLACE
City-St-Zip: DOVER, FL 33527

Title: ST () Delete
Name: BRADLEY, RAWSKIA
Address: 2212 WHITLOCK PLACE
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE HANCHET

PD

04/25/2002

Electronic Signature of Signing Officer or Director

Date