

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013523

1. Entity Name

LOBSTER ZONE INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90095 039 ***150.00

Principal Place of Business

Mailing Address

6971 NORTH FEDERAL HIGHWAY SUITE 402
BOCA RATON FL 33487

6971 NORTH FEDERAL HIGHWAY SUITE 402
BOCA RATON FL 33487-1617

2. Principal Place of Business

3. Mailing Address

23184 Boca Club Colony Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

4. FEI Number

52-2081335

Applied For

Not Applicable

Zip

Country

Zip

Country

33433

USA

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

CARUSO, MICHAEL A
6971 NORTH FEDERAL HIGHWAY SUITE 402
BOCA RATON FL 33487

Name

SKY C. MARCADE

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

23184 Boca Club Colony Circle

City

Boca Raton

FL

Zip Code

33433

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)

Pres.

4-17-00

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, 2000 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 **D** ☒ Delete
NAME **CARUSO, MICHAEL A**
STREET ADDRESS **6971 NORTH FEDERAL HIGHWAY SUITE 402**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **Pres/Director** ☐ Change ☒ Addition
NAME **SKY C. MARCADE**
STREET ADDRESS **23184 Boca Club Colony Circle**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4-17-00 561-393-7122

Date

Daytime Phone #

CR2E034 (9/99)