

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90122 002 ***150.00

DOCUMENT # **P980000 25262**

1. Entity Name

I NEED IT NOW, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

633 S.E. 3RD AVE.

Suite, Apt. #, etc.

SUITE-4 F

3. Mailing Address

113 N. FEDERAL HWY.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL.

City & State

DANIA BEACH, FL.

Zip

33301

Country

Zip

33004

Country

4. FEI Number

65-0826882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GERALD ADAMS

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

113 N. FEDERAL HWY.

City

DANIA BEACH

FL

Zip Code

33004

**DO NOT WRITE
IN THIS SPACE**

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

- GERALD ADAMS - REG. AGENT 4-30-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so ☒
(See criteria on back)

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P, V, T, S
MARK J. NISINSKI
2750 OCEAN CLUB BLVD APT-206
HOLLYWOOD, FL. 33019**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GERALD ADAMS
113 N. FEDERAL HWY.
DANIA BEACH, FL. 33004**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- GERALD ADAMS - DIRECTOR 4-30-02

Date

Daytime Phone #