

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90064 045 \*\*\*158.75

**DOCUMENT # P98000031612**

1. Entity Name

**SKEEZIX & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

1 SOUTH OCEAN BLVD.  
SUITE 305  
BOCA RATON FL 33432

1 SOUTH OCEAN BLVD.  
SUITE 305  
BOCA RATON FL 33432-5143

2. Principal Place of Business

3. Mailing Address

**2300 W. SAMPLE #**  
**#202**

**2300 W. SAMPLE**  
**# 202**

City & State

City & State

**POMPANO BEACH FL.**

**POMPANO BEACH FL.**

Zip

Country

Zip

Country

**33073**

**USA**

**33073**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDSON, ZACHARY**  
**1 SOUTH OCEAN BLVD.**  
**SUITE 305**  
**BOCA RATON FL 33432**

Name

**2300 WEST SAMPLE RD # 202**  
**#202**

**POMPANO BEACH FL 33073**

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, 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 **RICHARDSON, ZACHARY**  
STREET ADDRESS **1 SOUTH OCEAN BLVD.**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition  
NAME **2300 W. SAMPLE RD # 202**  
STREET ADDRESS **POMPANO BEACH FL 33073**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RICHARDSON, JILL**  
STREET ADDRESS **1 SOUTH OCEAN BLVD.**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition  
NAME **2300 W. SAMPLE RD # 202**  
STREET ADDRESS **POMPANO BEACH FL 33073**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ZACHARY M. RICHARDSON**  
**President**

Date

Daytime Phone #

**1/4/00 (954) 979**  
**9900**

CR2E034 (9/99)