

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031612

1. Entity Name

SKEEZIX & ASSOCIATES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90220 005 ***150.00

0138924

Principal Place of Business

2300 W SAMPLE
#202
POMPANO BEACH FL 33073

Mailing Address

~~2300 W SAMPLE~~
~~#202~~
~~POMPANO BEACH FL 33073~~

766146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7531 BRISTOL Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND FL.

4. FEI Number 65-0825425

Applied For

Not Applicable

Zip

Country

33067

Country

Broward

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

RICHARDSON, ZACHARY
2300 W SAMPLE RD
#202
POMPANO BEACH FL 33073

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 D ☐ Delete
NAME RICHARDSON, ZACHARY
STREET ADDRESS ~~2300 W SAMPLE RD #202~~
CITY-ST-ZIP ~~POMPANO BEACH FL 33073~~

TITLE ☒ Change ☐ Addition
NAME 7531 BRISTOL Lane
STREET ADDRESS PARKLAND FL. 33067
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RICHARDSON, JILL
STREET ADDRESS ~~2300 W SAMPLE RD #202~~
CITY-ST-ZIP ~~POMPANO BEACH FL 33073~~

TITLE ☒ Change ☐ Addition
NAME 7531 BRISTOL Lane
STREET ADDRESS PARKLAND FL 33067
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)