04/22/2003 09:50 19545639751 ARTHUR TE

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91871 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058556

1. Entity Name
STRICTLY ADDITIONS, INC.

Principal Place of Business	Mailing Address
511 SW 5TH AVE FORT LAUDERDALE, FL 33315	511 SW 5TH AVE FORT LAUDERDALE, FL 33315

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
317 South State Rd 7		317 South State Rd 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Plantation FL		City & State: Plantation FL	
Zip: 33317	Country: USA	Zip: 33317	Country: USA

4. FEI Number 65-0845891 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATES, JOHN R
3418 S UNIVERSITY DR #222
DAVIE, FL 33328

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	☐ Delete
NAME	MORSE, CRAIG P	
STREET ADDRESS	511 SW 6TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33315	
TITLE	D	☐ Delete
NAME	MORSE, CRAIG P	
STREET ADDRESS	511 SW 6TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33315	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 4/20/03 954 791 8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #