## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P98000060198

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



04-21-2003 90406 010 \*\*\*150.00

Apr 21, 2003 8:00 am Secretary of State

FILED

1. Entity Name <b>FUMBLE TIME INC.</b>		
Principal Place of Business	Mailing Address	

5118 SW 92ND TERR. 5118 SW 92ND TERR COOPER CITY FL 33328 COOPER CITY FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For NOT APPLICABLE Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FAMULARO, VALERIE Street Address (P.O. Box Number is Not Acceptable) 5118 SW 92ND TERR. COOPER CITY FL 33328 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE □ Defete FAMULARO, VALERIE NAME NAME 5118 SW 92ND TERR STREET ADDRESS STREET ADDRESS COOPER CITY FL 33328 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

70m

CITY-ST-ZIP

□ Delete

Delete

Change

☐ Change

☐ Addition

☐ Addition