

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096630

1. Entity Name

CHOICE PICKS, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90174 018 \*\*\*150.00

Principal Place of Business

Mailing Address

6600 N. ANDREWS AVENUE  
SUITE 350  
FORT LAUDERDALE FL 33309

6600 N. ANDREWS AVENUE  
SUITE 350  
FORT LAUDERDALE FL 33309-2189

2. Principal Place of Business

218 East Commercial Blvd

3. Mailing Address

218 East Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201Q

Suite 201Q

City & State

City & State

Ft Lauderdale FL

Ft Lauderdale FL

Zip

Zip

Country

Country

33308

USA

33308

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLHAUSEN, E. WAYNE ESQ.  
~~6600 N. ANDREWS AVENUE~~  
~~SUITE 350~~  
~~FORT LAUDERDALE FL 33309~~

218 East Commercial Blvd  
Suite 201Q  
Ft. Lauderdale, FL 33308  
Phone: 954-772-3444  
Fax: 954-771-7118

Blvd

Zip Code  
33308

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CSPD  
FOSTER, ANTHONY G  
6600 N ANDREWS AVE, SUITE 350  
FT LAUDERDALE FL 33309 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BUMGARDNER, THIMPS  
6600 N ANDREWS AVE, SUITE 350  
FT LAUDERDALE FL 33309 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ORL-SKY, HENRY  
586 SUNDERLAND ROAD  
TEANECK NJ 07666 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
FISHER, WILLIAM  
6600 N ANDREWS AVE, SUITE 350  
FT LAUDERDALE FL 33309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
NOVELL, MARK  
6600 N ANDREWS AVE, SUITE 350  
FT LAUDERDALE FL 33309 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
GRADY, SUZANNE  
6600 N ANDREWS AVE, SUITE 350  
FT LAUDERDALE FL 33309 ☒ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
William Fisher  
218 East Commercial Blvd Suite 201Q  
Ft Lauderdale, FL 33308 ☒ Change ☐ Addition

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

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

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:

*William Fisher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00

954-772-3444

CR2E034 (9/99)