

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90137 039 ***550.00

0372864 AV

DOCUMENT # P98000102779

1. Entity Name
OFF, INC.



Principal Place of Business
**9200 NW 53RD STREET
SUNRISE FL 33351**

Mailing Address
**9200 NW 53RD STREET
SUNRISE FL 33351**

10110262



2. Principal Place of Business

**4681 S.W. 42 AVE
FT. LAUDERDALE FL 33314**

3. Mailing Address

**4681 S.W. 42 AVE
FT. LAUDERDALE FL 33314**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

FT. LAUD

City & State

FT. LAUD

4. FEI Number

65-0883735

Applied For

☐ Not Applicable

Zip

33314

Country

BROWARD

Zip

33314

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MICHAUD, CATHY
9200 NW 53 ST
SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name **ROGER MICHAUD**

Street Address (P.O. Box Number is Not Acceptable)

4681 S.W. 42 AVE

City

FT. LAUD

FL

Zip Code

33314

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 *Roger Michaud*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 16, 2003

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	P	<input type="checkbox"/> Delete
NAME	MICHAUD, ROGER	
STREET ADDRESS	9200 NW 53RD STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MICHAUD, CATHY	
STREET ADDRESS	9200 NW 53RD STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Roger Michaud* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16, 2003 **954214-7624**
Date Daytime Phone #

CR2E034 (10/02)