

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000616

1. Entity Name

SCULPT INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90046 030 ***158.75

Principal Place of Business

Mailing Address

2823 BAYSHORE GARDENS PKWY
BRADENTON FL 34207

2823 BAYSHORE GARDENS PKWY
BRADENTON FL 34207-4442

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5920 36TH ST. WEST

3. Mailing Address

5920 36TH ST. WEST

Suite, Apt. #, etc.

K303

Suite, Apt. #, etc.

K303

City & State

BRADENTON FL

City & State

BRADENTON FL

4. FEI Number

65-0882982

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIERA, JASON L
2823 BAYSHORE GARDENS PKWY
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name VIERA, JASON L.

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

5920 36TH ST. W

K303

City

BRADENTON

FL

Zip Code

34210

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

JASON LEE VIERA

(NOTE: Registered Agent signature required when reinstating)

01/15/00

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

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

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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

12. 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

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/00

Date

941-545-3540
941-504-5637

Daytime Phone #