

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90080 014 ***150.00

10/1/02

DOCUMENT # P99000032235

1. Entity Name
ATTA BOY, INC.

Principal Place of Business Mailing Address

4951 SW 106TH AVE **4951 SW 106TH AVE**
FT LAUDERDALE FL 33338 **FT LAUDERDALE FL 33338**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

4113 Sapphire Bend

City & State City & State

Weston FL

Zip Country Zip Country

33331 **Broward**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PHILPOT, TERRENCE
4951 SW 106TH AVE
FORT LAUDERDALE FL 33308-4034

4. FEI Number Applied For

65-0910032 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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.

SIGNATURE *Terrence Philpot* DATE *2-5-02*

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

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, 2002 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	D <input type="checkbox"/> Delete	TITLE	Terrence Philpot (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILPOT, TERRENCE	NAME	4113 Sapphire Bend
STREET ADDRESS	4951 SW 106TH AVE	STREET ADDRESS	Weston FL 33331
CITY-ST-ZIP	FORT LAUDERDALE FL 33308-4034	CITY-ST-ZIP	
TITLE	Philpot Terrence <input type="checkbox"/> Delete	TITLE	
NAME	4113 Sapphire Bend	NAME	
STREET ADDRESS	Weston Fl 33331 <input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Terrence Philpot* Date *2-5-02* Daytime Phone # *954 257 8629*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)