

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-26-2002 90080 014 ***150.00

DOCUMENT # P99000032235

1. Entity Name
ATTA BOY, INC.

Principal Place of Business
4951 SW 106TH AVE
FT LAUDERDALE FL 33338

Mailing Address
4951 SW 106TH AVE
FT LAUDERDALE FL 33338

2. Principal Place of Business

3. Mailing Address

4113 Sapphire Bend

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Weston FL

Zip

Country

Zip

Country

33331

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0910032

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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*

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

(NOTE: Registered Agent signature required when reinstating)

2-5-02

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, 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*
NAME **PHILPOT, TERRENCE**
STREET ADDRESS **4951 SW 106TH AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308-4034**

☐ Delete

TITLE *Philpot Terrence*
NAME *Philpot Terrence*
STREET ADDRESS *4113 Sapphire Bend*
CITY-ST-ZIP *Weston FL 33331*

☐ Delete

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TITLE *Terrence Philpot (P)*
NAME *Terrence Philpot (P)*
STREET ADDRESS *4113 Sapphire Bend*
CITY-ST-ZIP *Weston FL 33331*

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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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:

Terrence Philpot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02 954 2578629

Date

Daytime Phone #

CR2E034 (9/01)