

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034917

1. Entity Name

SCHOLARSHIP.COM, INC.

**FILED**  
Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90049 035 \*\*\*150.00

Principal Place of Business

Mailing Address

4040 GALT OCEAN DR #601  
FT LAUDERDALE FL 33308

4040 GALT OCEAN DR #601  
FT LAUDERDALE FL 33308-6502

2. Principal Place of Business

2501 E. COMMERCIAL BLVD

3. Mailing Address

2501 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

FT. LAUD., FL.

City & State

FT. LAUD., FL.

4. FEI Number

52-2175357

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33308

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

MARTIN J. EHRlich

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

4040 GALT OCEAN DR.

#601

City

FT. LAUDERDALE

FL

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 ME - Martin Ehrlich

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

(NOTE: Registered Agent signature required when reinstating)

1/31/00  
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 D  
STREET ADDRESS EHRlich, MARTIN J  
CITY-ST-ZIP 4040 GALT OCEAN DR #601  
FT. LAUDERDALE FL 33308

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: ME - Martin Ehrlich  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00  
Date

(954) 351-0022  
Daytime Phone #