

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90293 045 ***150.00

DOCUMENT # P99000034917

1. Entity Name

SCHOLARSHIP.COM, INC.

Principal Place of Business

**2501 E. COMMERCIAL BLVD
#200
FT LAUDERDALE FL 33308
US**

Mailing Address

**2501 E. COMMERCIAL BLVD
#200
FT LAUDERDALE FL 33308
US**

2. Principal Place of Business

4040 GALT OC. DR.

Suite, Apt. #, etc.

#601

City & State

FT. LAUDERDALE, FL.

Zip

33308

Country

US

3. Mailing Address

2805 E. OAKLAND PK.

Suite, Apt. #, etc.

PMB 249

City & State

FT. LAUDERDALE FL.

Zip

33306

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2175357

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

**EHRlich, MARTIN J
4040 GALT OCEAN DR.
FORT LAUDERDALE FL 33308**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 - PRES.	<input type="checkbox"/> Delete
NAME	EHRlich, MARTIN J	
STREET ADDRESS	4040 GALT OCEAN DR #601	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	

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

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Martin J. Ehrlich **MARTIN J. EHRlich**

Date

Daytime Phone #

1/15/01 954-351-0022

CR2E034 (10/00)