

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 999000042831

1. Entity Name
Scratch Off Touch-Up, Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -9 PM 2:36

Principal Place of Business

Mailing Address

2. Principal Place of Business
1122 Waterview Lane
Suite, Apt. #, etc.
City & State
Weston, Florida
Zip
33326
Country
USA

3. Mailing Address
Post Office Box 267032
Suite, Apt. #, etc.
City & State
Weston, Florida
Zip
33326
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0924248
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Thomas Hughes
409 S.E. 28th Avenue
Pompano Beach, FL 33062

7. Name and Address of New Registered Agent
Name
Brett Serpe
Street Address (P.O. Box Number is Not Acceptable)
1122 Waterview Lane
City
Weston FL Zip Code
33326

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 _____ **DATE** 10/4/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, VP, Treasurer, Secretary <input checked="" type="checkbox"/> Delete Thomas Hughes 409 S.E. 28th Avenue Pompano Beach, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, VP, Treasurer, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brett Serpe 1122 Waterview Lane Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **DATE** 10/4/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/00)

Scratch Off



To: Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

From: Brett Serpe
President/CEO
Scratch Off Touch-Up, Company

Date: October 4, 2000

Re: Corporate Status

I am the newly elected President of the aforementioned corporation. Unfortunately the previous President (Thomas Hughes) never forwarded the re-activation request you apparently sent to his location. I apologize for the inconvenience, but would like to re-activate the company's status with the State. Due to the fact that this was our first year as a formed corporation in the State of Florida, I respectfully request you to waive any late fees that may be associated with our late filing. I appreciate your anticipated cooperation regarding this matter. If you have any questions feel free to contact me at the below provided telephone number.

Post Office Box 267032 Weston, Florida 33326
Phone 954.325.3301 Facsimile 954.384.1888