

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045658

1. Entity Name

SCORECARD USA, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90093 002 ***150.00

Principal Place of Business
4630 S. KIRKMAN RD., STE. 200
ORLANDO FL 32811

Mailing Address
4630 S. KIRKMAN RD., STE. 200
ORLANDO FL 32811-2873

2. Principal Place of Business
5776 HOFFNER AVE
Suite, Apt. #, etc.
#305

3. Mailing Address
5776 HOFFNER AVE
Suite, Apt. #, etc.
#305

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
59-3577039

Applied For
Not Applicable

Zip
32822

Country
USA

Zip
32822

Country
USA

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

SEILER, KARL
4630 S. KIRKMAN RD., STE. 200
ORLANDO FL 32811

Name
KARL SEILER
Street Address (P.O. Box Number is Not Acceptable)
4630 S. 5776 HOFFNER AVE
#305
City
ORLANDO FL Zip Code
32825

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 KARL SEILER, PRESIDENT

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SEILER, KARL
4630 S. KIRKMAN RD., STE. 200
ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SEILER, KARL
5776 HOFFNER AVE #305
ORLANDO, FL 32825 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BONACCORSO, JOHN
4630 S. KIRKMAN RD., STE. 200
ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BONACCORSO, JOHN
5776 HOFFNER AVE #305
ORLANDO, FL 32825 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
EDWARDS, GREGORY
577 HOFFNER AVE #305
ORLANDO, FL 32822 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RIBAR, GARY
5776 HOFFNER AVE #305
ORLANDO, FL 32822 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GONCHAROV, JEL
5776 HOFFNER AVE #305
ORLANDO, FL 32822 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #