

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91191 046 ***150.00

DOCUMENT # P99000089515

1. Entity Name

THE SCRAP SHACK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4385 COMMERCIAL WAY

Suite, Apt. #, etc.

3. Mailing Address

4385 COMMERCIAL WAY

Suite, Apt. #, etc.

City & State

SPRING HILL, FL 34606

Zip

Country

City & State

SPRING HILL, FL 34606

Zip

Country

4. FEI Number

59-3601535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HOLOP, HEATHER

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

4385 COMMERCIAL WAY

City

SPRING HILL

FL

Zip Code

34606

**DO NOT WRITE
IN THIS SPACE**

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  **04/30/02**

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) ☐

January 1 - May 1 Fee Is \$150.00

After May 1, Fee Is \$550.00

Amended UBR Is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
D/P/S/T HOLOP, HEATHER 3216 BEAVER AVENUE BROOKSVILLE, FL 34609	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

HEATHER HOLOP

04/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #