

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91598 045 ***150.00

DOCUMENT # P99000095281

1. Entity Name
BOMBSHELL, INC.

552506



DO NOT WRITE IN THIS SPACE

Principal Place of Business
440 NW 34TH AVE.
FT. LAUDERDALE FL 33311

Mailing Address
440 NW 34TH AVE.
FT. LAUDERDALE FL 33311

2. Principal Place of Business
1400 NE 4th St.
 Suite, Apt. #, etc.
Apt. 6

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State

4. FEI Number **APPLIED FOR**
65-1047855

Applied For
 Not Applicable

Zip
33301

Country
Broward

Zip Country

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

MICHAEL I. SANTUCCI, P.A.
4901 NORTH FEDERAL HWY., STE. 440
FT. 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSD
HILL, EVA
440 NW 34TH AVE.
FT. LAUDERDALE FL 33311 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VS
SEEVERS, TONYA
440 NW 34TH AVE.
FT. LAUDERDALE FL 33311 ☐ Delete

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

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 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:

Tracy A. Secured
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/01

Date

Daytime Phone #

CR2E034 (10/00)