

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099769

1. Entity Name
SCREWBALL ENTERPRISES, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90006 026 ***150.00

Principal Place of Business
**18005 ALLISON PARK PLACE #311
TAMPA FL 33647**

Mailing Address
**18005 ALLISON PARK PLACE #311
TAMPA FL 33647**

2. Principal Place of Business
8205 STOCKTON WAY
Suite, Apt. #, etc.

3. Mailing Address
8205 STOCKTON WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number **59-3607935** Applied For ☐ Not Applicable ☐

Zip **33647** Country **US** Zip **33647** Country **US**

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

6. Name and Address of Current Registered Agent
**BOYD, JANET M
18005 ALLISON PARK PLACE #311
TAMPA FL 33647**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
8205 STOCKTON WAY
City **TAMPA** FL Zip Code **33647**

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 *Janet M Boyd* DATE 4/4/01
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 \$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	PTS BOYD, JANET M 18005 ALLISON PARK PLACE #311 TAMPA FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS CHANGE ONLY	<input checked="" 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	8205 STOCKTON WAY TAMPA, FL 33647	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Janet M Boyd* DATE 4/4/01 DAYTIME PHONE # 813-978-0335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0355171

CR2E034 (10/00)