

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

FILED

03 NOV -4 PM 3:14

DOCUMENT # **V30474**

1. Entity Name

Softbox Incorporated



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4109 S MacDill Ave

3. Mailing Address

PO Box 21004

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3120668

Applied For

Not Applicable

Zip
33611

Country
US

Zip
33622

Country
US

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Gluckman, Jeremy E.**

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

707 N. Franklin Street, 4th Floor

City **Tampa**

FL

Zip Code
33602

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D - Kelley, Deborah A.
4109 S MacDill Ave
Tampa, FL 33611**

TITLE
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200024394772
11/04/03--01011--019 **158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(c), 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 10 or on an attachment with an address, with all other lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

30 Oct 2003

813

760-0724

CR2E034B (12/02)

To:
Uniform Business Report
Division of corporations
PO Box 1500
Tallahassee, FL 32302

From:
Softbox Incorporated
PO Box 21004
Tampa, FL 33622

30 October 2003

We have just realized from your online system that our corporation is inactive, apparently due to failure to file a Uniform Business Report.

We are filing a copy that we have downloaded from your online system since we did not receive this report. We understand that the late fee of \$400.00 is waived under this circumstance.

Enclosed is a check for \$158.75 for the annual fee and a certificate of status. Please update our status as soon as possible to facilitate business opportunities. Thank you very much.

ENCLOSURE
OCT 31 2003