

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90006 028 ***150.00

DOCUMENT # L23195

1. Entity Name
SENTINEL INSTRUMENT CORPORATION

Principal Place of Business 1228 S. MILITARY TRAIL APT 2125 DEERFIELD BEACH FL 33442 US	Mailing Address 1228 S. MILITARY TRAIL APT 2125 DEERFIELD BEACH FL 33442-7650 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2379 S.W. 15th Street Suite, Apt. #, etc. unit 114 City & State Deerfield Beach, FL Zip 33442 Country USA	3. Mailing Address 2379 S.W. 15th Street Suite, Apt. #, etc. unit 114 City & State Deerfield Beach Zip 33442 Country USA
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4. FEI Number **65-0150495** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ARMUS, SHELDON R.
1228 S. MILITARY TRAIL, APT 2125
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
 Name **Armus, Sheldon**
 Street Address (P.O. Box Number is Not Acceptable)
2379 S.W. 15th Street
unit # 114
 City **Deerfield Beach** **FL** Zip Code **33442**

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 _____ DATE _____
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.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD <input type="checkbox"/> Delete ARMUS, SHELDON 1228 S. MILITARY TRAIL, APT 2125 DEERFIELD BEACH FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WHITTAKER, JENNIFER A. 2772 NE 29 AVE LIGHTHOUSE POINT FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ARMUS, SHELDON 2379 S.W. 15th Street, unit 114 Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sheldon Armus **Sheldon Armus, President** **4/6/2000** **(954) 427-4663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)