2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M42768

1. Entity Name

SOUTH FLORIDA FORMS, INCORPORATED

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90005 001 ***300.00

Principal Place of Business	Mailing Address
~~6961 NW 68 MANOR~~ ~~PARKLAND FL 33067~~ US	~~6961 NW 68 MANOR~~ ~~PARKLAND FL 33067-1969~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5069 NW 87 TERR	
Suite, Apt. #, etc. CORAL SPRINGS FL	Suite, Apt. #, etc. SAME
City & State	City & State
Zip 33068 / Country	Zip / Country

4. FEI Number 59-2851330 ☐ Applied For ☐ Not Applicable

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
BEERS, RODD 6961 NW 68 MANOR PARKLAND FL 33067	Name Street Address (P.O. Box Number is Not Acceptable) 5069 NW 87 TERRACE City CORAL SPRINGS FL Zip Code 33067

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEERS, RODD E. ~~6961 NW 68 MANOR~~ ~~PARKLAND FL~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 5069 NW 87 TERR CORAL SPRINGS FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] 1/11/00 (954) 753 1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #