2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGN

RHED DOCUMENT # P95000075434 Jul 20, 2000 8:00 am 1. Entity Name **Secretary of State** S.F.E. INC. 07-20-2000 90010 032 ***150.00 Principal Place of Business Mailing Address 1944 TIGERTAIH BLVD. 1140 B CIRCLE TER. W DANIA FL 33004 DELRAY BEACH FL 33445 2. Principal Place of Business 944 Tigertail Blod Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0614090 3300L Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Cherren SCHERRER, THOMAS V 1140 B CIRCLE TERR W. **DELRAY BEACH FL 33445** 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition TITLE ark Scherrer tre ☐ Delete SCHERRER, MARK NAME NAME 600 NE 7TH AVE. A-1 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33304 CITY-ST-ZIP CiTY-ST-7IP Addition Delete Change TITLE SCHERRER, THOMAS V NAME 1140 B CIRCLE TER W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-ZIP Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 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

S.F.E., INC. Hardwood Flooring Specialists

ATTACHMENT 495000075434 ACC BY 322 1000 THE BOX FOR 1230103

Florida Dept. of State P.O. Box 1500 Tallahassee, FL 32302

July 13, 2000

To whom it may concern,

I contacted your office on July 10th regarding reciept of our 2000 Business Report. The mailing address our company had listed was incorrect. I was advised to contact you in writting explaining the error. The person I spoke with stated a notice was sent in January to 1140 B 3-Circle address. The paperwork was never received. I have filled out the new form with our proper business address so this mistake will be avoided in the future. I am enclosing payment of \$ 150.00 hoping the late fee will be waived.

Thank you in advance for your help in the above matter.

Joanne Scherrer

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