

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-11-2003 90207 025 ***150.00

DOCUMENT # P02000028111

1. Entity Name
SHARON D. GASKIN, INC.



Principal Place of Business
**585 GULLWING DR.
VERO BEACH FL 32968**

Mailing Address
**585 GULLWING DR.
VERO BEACH FL 32968**

2. Principal Place of Business

3. Mailing Address

PO Box 622

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

4. FEI Number

02-0570938

Applied For

Not Applicable

Zip

Country

Zip

Country

32968

US

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

Name

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

3879 12th St

VERO BEACH

FL

Zip Code 32968

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 transferring)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D GASKIN, SHARON D
585 GULLWING DR.
VERO BEACH FL 32968

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SHARON D GASKIN
PO Box 622 (3879 12th St)
Vero Beach, FL 32968

☒ Change

☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/07/03

772 559-3881

CR2E034 (10/02)