# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 18, 2003 8:00 am**
**Secretary of State**
07-18-2003 90073 008 ***150.00

90144160

DOCUMENT # F01000002458

1. Entity Name
SFC CONTRACT SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2299 HIGHWAY 485 | 2299 HIGHWAY 485 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ROBELINE LA | City & State: ROBELINE LA |
| Zip: 71469 / Country: USA | Zip: 71469 / Country: USA |

4. FEI Number: 721313455 — Applied For / Not Applicable

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

**7. Name and Address of Registered Agent**

Name: A1A REGISTERED AGENT, INC.

Street Address (P.O. Box Number is Not Acceptable): 92 SADBERRY ROAD ~~25 S.E. 2ND AVENUE SUITE 1036~~

City: ~~MIAMI~~ QUINCY FL Zip Code: ~~33131~~ 32351

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: PAUL SMITH, VICE-PRESIDENT 07-16-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP |
|---|---|
| P<br>TERRY SKLAR<br>~~167 GOOCH ROAD~~ 168 Bayou Pierre Cut Off Rd.<br>~~ROBELINE LA 71469~~ Natchitoches, LA 71457 | |
| ST<br>LANELLE F SKLAR<br>~~167 GOOCH ROAD~~ 168 Bayou Pierre Cut Off Rd.<br>~~ROBELINE LA 71469~~ Natchitoches, LA 71457 | |
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CR2E034B (12/01)

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

**SIGNATURE:** TERRY SKLAR, PRESIDENT 7/9/03 318-352-1096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #