

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 542514

1. Entity Name

S.F.P., INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90020 017 \*\*\*150.00

Principal Place of Business

Mailing Address

19751 NE 87TH LANE  
WILLISTON FL 32696  
US

19751 NE 87TH LANE  
WILLISTON FL 32696-3815  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1809301

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WATTLEWORTH, JOSEPH A  
19751 NE 87 LANE  
WILLISTON FL 32696

Name

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

City

FL

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.

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 PD ☐ Delete  
NAME WATTLEWORTH, JOSEPH A  
STREET ADDRESS 19751 NE 17TH LANE  
CITY-ST-ZIP WILLISTON FL 32696

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME WATTLEWORTH, BONNIE  
STREET ADDRESS 536 MICHIGAN AVE APT B2  
CITY-ST-ZIP EVANSTON IL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1755 Glendon Ave, Apt 103  
CITY-ST-ZIP Los Angeles, CA 900024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS Dorothea Carnes  
CITY-ST-ZIP 18 Willowbrook Court  
Stamford, CT 06902

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS Dr. Anthony S. Wattleworth  
CITY-ST-ZIP 805 Clearview Drive  
Nashville, TN 37205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00 352-528-3032

CR2E034 (9/99)