## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # E0100003657



FILED
Mar 05, 2003 8:00 am g
Secretary of State

1. Entity Na SBP, INC	me		0007				03-05-2003 900	31 041 ***150	0.00	
Principal Place of Business 23790 US HWY 90 ROBERTSDALE AL 36567			Mailing Address 23790 US HWY 90 ROBERTSDALE AL 36567							
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.										
Suite, Api	ι. #, etc.	Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	ite	City	City & State			4. FEI Numb	er 63-1233085	<del></del>	Applied For	Ţ
Zip	Country	Zip		Country		5. Certificate	of Status Desired	00.77	ditional	١.
	6. Name and Address of Cur	rent Registere	d Agent			7. Name and	Address of New Regist	- 11		┨
				Name						1
CHENEY, SHAIN A 2376 W NINE MILE RD				Street	Street Address (P.O. Box Number is Not Acceptable)					
	OLA FL 32534			<del></del>					***	┨
				City		<del></del>		FL Zip Co	de	-
<ol><li>The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.</li></ol>					or registere	d agent, or bo	th, in the State of Florida.	1	, and accept	1
00gu	PA - P	1	_							
SIGNATURE	Signature, typed or printed name of registered	agent and till it app	licable. (NOTE:	Registered Agent signa	ature required w	then reinstations)		S-03 DATE		
· F					and to to to to to	The relations of	<del></del>			4
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00						i	ection Campaign Financir		00 May Be	
	k Payable to Florida Departme					Tru	st Fund Contribution.	∐ Adde	d to Fees	-
10.	OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					1
TITLE	P CHENEY EDANG		Delete	TITLE				☐ Change	☐ Addition	78
NAME STREET ADDRESS	CHENEY, FRANK A 23790 US HWY 90			NAME STREET ADDRESS	1					5
CITY-ST-ZIP	ROBERTSDALE AL			CITY-ST-ZIP						3
TITLE	v .	<u>-</u> -	☐ Delete	TITLE	<u> </u>			☐ Change	☐ Addition	1 6
NAME	CHENEY, SHAIN A			NAME	1					١٩
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	ROBERTSDALE AL		<u>-</u>	CITY-ST-ZIP	<u> </u>					1
TITLE NAME	ST ENEMICED LINDA		☐ Delete	TITLE NAME	ST			L Change	☐ Addition	
	ENFINGER, LINDA 4467 CUSTER LANE			STREET ADDRESS	PET	ERSON,	LINDA			
CITY-ST-ZIP	JAY FL 32565			CITY-ST-ZIP			ST 208B			
TITLE			☐ Delete	TITLE	1 PEN	SACOLA	FL 32505	☐ Change	Addition	1
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STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS						
		<u> </u>	····	CITY-ST-ZIP	ļ					1
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CITY-ST-ZIP				CITY-ST-ZIP	1					
TITLE	<del>, , , , , , , , , , , , , , , , , , , </del>		☐ Delete	TITLE	†			Change	☐ Addition	1
NAME			501010	NAME	1				☐ World(0)	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP