

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

APPROVED
AND
FILED

03 SEP 22 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

S&B Retail, Inc.
F02000003758



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

455 Route 17 South

Suite, Apt. #, etc.

3. Mailing Address

455 Route 17 South

Suite, Apt. #, etc.

City & State

Paramus, N.J.

City & State

Paramus, N.J.

4. FEI Number

223483527

Applied For

Not Applicable

Zip

07652

Country

USA

Zip

07652

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CDP	Bruce A. Stevens	800 South Street, Suite 305	Waltham, MA 02453
D	Dana D. Messina	11150 Santa Monica Blvd. Ste 700	Los Angeles, CA 90025
D	Kyle R. Kirkland	11150 Santa Monica Blvd. Ste 700	Los Angeles, CA 90025
ST	Dennis M. Hanson	800 South Street, Suite 305	Waltham, MA 02453

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Dennis M. Hanson

Dennis M. Hanson 9/9/03 781-894-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)