

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42811

1. Entity Name

S, B & H, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90007 020 ***150.00

Principal Place of Business 150 SE FOUR WINDS DR.. #409 STUART FL 34996	Mailing Address 150 SE FOUR WINDS DR.. #409 STUART FL 34996-1353
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2136132		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BILCHIK, WARREN 9130 S DADELAND BLVD SE 1101 MIAMI FL 33156		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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TD	TITLE	
NAME	SHUR, RENEE	NAME	
STREET ADDRESS	150 SE FOUR WINDS DR	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000 34996	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	SHUR, MILDRED	NAME	
STREET ADDRESS	150 SE 4 WINDS DR	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000 34996	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	BILCHIK, GLORIA	NAME	
STREET ADDRESS	10921 CHALET CT	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63141	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	EDEN, JOYCE	NAME	
STREET ADDRESS	150 SE 4 WINDS DR	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: MILDRED SHUR PD MILDRED SHUR PD FEB 01, 2000 561-286-1287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)