2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90042 021 ***150.00

DOCUMENT # H27342

1. Entity Name
SHERWOOD FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~P O BOX 1557~~ ~~FT LAUDERDALE FL 33302~~ ~~US~~	~~P O BOX 1557~~ ~~FT LAUDERDALE FL 33326-3539~~ ~~US~~

UUUUJUUU

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1535 NORTHPARK DR	648 LAKE BLVD
Suite, Apt. #, etc.: SUITE 101	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. FEI Number 59-2445561 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHERWOOD, MARTIN D.
~~INTERCONTAMINE~~ INTERCONTINENTAL PROFESSIONAL CTR
1535 NORTHPARK DR STE 101
WESTON FL 33326

7. Name and Address of New Registered Agent

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

TITLE	DPT	☐ Delete
NAME	SHERWOOD, MARTIN D.	
STREET ADDRESS	1535 NORTH PARK DR STE 101	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VSD	☐ Delete
NAME	SHERWOOD, PAMELA M.	
STREET ADDRESS	1535 NORTH PARK DR STE 101	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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: MARTIN D. SHERWOOD 1/17/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)