

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90048 033 ***150.00

037787

DOCUMENT # J06495

1. Entity Name
SHERWOOD AND SANFORD, INC. SANFORD + PITTMAN, INC.

Principal Place of Business
 1828 S. FLORIDA AVE.
 LAKELAND FL 33803
 US

Mailing Address
 1828 S. FLORIDA AVE.
 LAKELAND FL 33803
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2808537**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANFORD, G. GAREY
539 W. MAXWELL ST.
LAKELAND FL 33803

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P
SHERWOOD, HENRY E
2320 PETERSON RD
LAKELAND FL 33813

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V
SANFORD, G. GAREY
539 W. MAXWELL ST.
LAKELAND FL 33803

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

President
Sanford, G. Garey
539 W. Maxwell St
Lakeland, FL. 33803

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
PITTMAN, DAVID C
104 PAINE DR
WINTER HAVEN FL 33880

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Vice President
Pittman, David C
104 Paine Dr
WINTER HAVEN, FL. 33880

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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

24 APR 01

Date

Daytime Phone #

863-686-8361

CR2E034 (10/00)