

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J97784

FILED
Apr 21, 2002 8:00 AM
Secretary of State

Entity Name: SISTER'S SITTING SERVICE, INC.

Current Principal Place of Business:

1700 NW 42ND ST
OAKLAND PARK, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

1729 E COMMERCIAL BLVD
#219
FORT LAUDERDALE, FL 33334 US

New Mailing Address:

FEI Number: 65-0030714 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, SHARON WYNN
1700 N.W. 42ND STREET
OAKLAND PARK, FL 33309

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, SHARON W.,
Address: 1700 N.W. 42 STREET
City-St-Zip: OAKLAND PARK, FL

Title: D () Delete
Name: JONES, HELENE L.,
Address: 1700 N.W. 42 STREET
City-St-Zip: OAKLAND PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JONES, SHARON W PRES
Address: 1700 N.W. 42 STREET
City-St-Zip: OAKLAND PARK, FL

Title: D (X) Change () Addition
Name: JONES, HELENE L V.P.
Address: 1700 N.W. 42 STREET
City-St-Zip: OAKLAND PARK, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON WYNN JONES

PRES

04/21/2002

Electronic Signature of Signing Officer or Director

_____ Date