

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**COPY**

0395190 AV

DOCUMENT # **K52215**

1. Entity Name

**SIDNEY FISH REALTY-FLORIDA, INC.**



03 JUL 30 AM 8:00

Principal Place of Business  
**11452 BOCA WOODS LANE  
BOCA RATON FL 33428**

Mailing Address  
**11452 BOCA WOODS LANE  
BOCA RATON FL 33428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0089205**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES *MRB*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISH, SIDNEY  
11452 BOCA WOODS LANE  
BOCA RATON FL 33428**

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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PT**  
STREET ADDRESS **FISH, SIDNEY**  
CITY-ST-ZIP **11452 BOCA WOODS LN  
BOCA RATON FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **700022165087**  
CITY-ST-ZIP **08/08/03--01029--015 \*\*150.00**

TITLE ☐ Delete  
NAME **VS**  
STREET ADDRESS **FISH, SARA M**  
CITY-ST-ZIP **11452 BOCA WOODS LN  
BOCA RATON FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** *Sidney Fish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11/5/03*

*561-483-3711*

CR2E034 (10/02)

Attachment

#K52215



Reed Professional  
Services Inc.

July 16, 2003

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee FL 32302-1500

Re: Sidney Fish Realty-Florida, Inc.  
11452 Boca Woods Lane  
Boca Raton FL 33428  
Document #: K52215  
Period: 2003 Uniform Business Report

Gentlemen:

The above named Entity has recently been notified by your office that they failed to file the annual (UBR) for the year 2003. We are enclosing a copy of the form as filed in January, 2003. Check #1411, dated 01/05/03 for the amount of \$150.00 was mailed with the return for payment in full at that time.

A copy of the originally filed return was retained and our records indicate that the check was written; however, based on your notice we have reviewed bank statements as of this date and the check mentioned above has not cleared the bank account. Due to this situation, we are enclosing a second check in the amount of \$150.00 to replace Check #1411.

We ask that you review the attached copy of the return which was timely filed and accept our check which replaces the original check that was mailed with the return in January, 2003, as payment in full for the year 2003.

Sincerely,

  
Karyl Lynn Reed

encl/2

Accounting, Tax & Financial Services

514 SOUTH STREET P.O. BOX 398 ZANESVILLE, OH 43702 (740) 453-8540 FAX (740) 453-8590 kireed1@aol.com