

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

0415978

05-23-2001 91158 049 ***150.00

DOCUMENT # L78833

1. Entity Name:

BURT SHERWOOD AND ASSOCIATES, INC.

Principal Place of Business

6415 MIDNIGHT PASS RD., #206
 SARASOTA FL 34242

Mailing Address

6415 MIDNIGHT PASS RD., #206
 SARASOTA FL 34242

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 **65-0202193**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERWOOD, BURT
6415 MIDNIGHT PASS RD.
SARASOTA FL 34242

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.

(NOT Registered Agent's 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	P	<input type="checkbox"/> Delete
NAME	SHERWOOD, BURT	
STREET ADDRESS	6415 MIDNIGHT PASS RD.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHERWOOD, JASON W	
STREET ADDRESS	6415 MIDNIGHT PASS RD.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHERWOOD, ANNE W	
STREET ADDRESS	6415 MIDNIGHT PASS RD.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	T	<input type="checkbox"/> Delete
NAME	LYLE, ELLEN S	
STREET ADDRESS	9300 ARABIAN AVENUE	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: Burt Sherwood ANNE W. SHERWOOD 5/21/01 (941)349-2165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)