2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY -9 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D0044466

DOCUMENT # L94000000467

1. Entity Name
SHELDON OF SOUTH FLORIDA

Principal Place of Business	Mailing Address
2333 Griffin Rd. Ft. Lauderdale, FL. 33312	77 East Long Lake Bloomfield Hills, MI 48304

2. Principal Place of Business	3. Mailing Address
	30300 Telegraph Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 117
City & State	City & State Bingham Farms, MI
Zip / Country	Zip 48025 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0571417 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

Davis, Robert
2333 Griffin Rd.
Ft. Lauderdale, FL 33312

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	MGRM Robert Davis Rev. Trust 2333 Griffin Rd. Ft. Lauderdale, FL 33312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition 700003279137--1 -06/07/00--01005--004 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	M Sandra Davis 2333 Griffin Rd. Ft. Lauderdale, FL 33312 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition

CR2E083 (11/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4-28-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

STF FL32519F.1