

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90168 016 ***150.00

DOCUMENT # M06996

1. Entity Name
SHERIDAN & GAIL INCORPORATED

Principal Place of Business

~~305 S. ANDREWS AVE.~~
~~SUITE 601~~
~~FORT LAUDERDALE FL 33301-1052~~
~~US~~

Mailing Address

~~305 S. ANDREWS AVE.~~
~~SUITE 601~~
~~FT. LAUDERDALE FL 33308~~
~~US~~

2. Principal Place of Business

324 N.E. 7 AVENUE

3. Mailing Address

324 N.E. 7 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT LAUDERDALE, FL

City & State

PORT LAUDERDALE, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEI Number

59-2460209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GAIL, IAN C.R.

~~521 SAN MARCO DRIVE~~
~~FT. LAUDERDALE FL 33301~~

7. Name and Address of New Registered Agent

Name **GAIL, IAN C.R.**

Street Address (P.O. Box Number is Not Acceptable)

324 NE 7TH AVENUE

City

PORT LAUDERDALE

FL

Zip Code

33301-1693

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)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GAIL, IAN C.R. 521 SAN MARCO DRIVE FT. LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GAIL, IAN C.R. 324 NE 7 AVENUE PORT LAUDERDALE, FL, 33301-1693	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 correct 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 of the corporation; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an attached power of attorney or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)