

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90305 019 ***158.75

DOCUMENT # M88154

1. Entity Name
S F INDUSTRIES, INC.



Principal Place of Business
**2041 HOWELL BRACH RD
MAITLAND FL 32751**

Mailing Address
**P.O. BOX 532071
ORLANDO FL 32853-2071**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2041 Howell Branch Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 532071
Suite, Apt. #, etc.

City & State
Maitland FL

City & State
Orlando FL

4. FEI Number
59-2902964

Applied For
☐ Not Applicable

Zip
32751 Country
Orange

Zip
32853-2071 Country
Orange

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

**SCHWARTZ, KENNETH L
2041 HOWELL BRACH RD
MAITLAND FL 32751**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHWARTZ, PATRICIA A
500 MELROSE AVE
W.P. FL 32789** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SCHWARTZ, KENNETH L
2041 HOWELL BRACH RD
MAITLAND FL 32751** ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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

Kenneth L. Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)