


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90118 035 ***150.00

DOCUMENT # P00000009632	
1. Entity Name FOCUS ON SALES, INC.	

DO NOT WRITE IN THIS SPACE

10016113

2. Principal Place of Business 4801 SW 186 Avenue Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Southwest Ranches	City & State
Zip 33332	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 1650992078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Schantz, Laura	
	Street Address (P.O. Box Number is Not Acceptable) 1565 N. Park Drive # 100	
	City Weston	FL Zip Code 33326

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE President	NAME Claudia Cayne	TITLE	NAME
STREET ADDRESS 4801 SW 186 Ave, SW Ranches, FL	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP 33332	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE SVTID	NAME Claudia Cayne	TITLE	NAME
STREET ADDRESS 4801 SW 186 Ave, SW Ranches, FL	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP 33332	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Claudia Cayne Claudia Cayne

1-25-03

Date

Daytime Phone #

CR2E034B (12/02)