FILED
Feb 24, 2003 8:00 am
Secretary of State
01-17-2003 90091 013 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023239

1. Entity Name
SEFRE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20506 Via MARISA	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State
Zip: 33498 Country: Palm Beach	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0987032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gerine Y. Sweeney

Street Address (P.O. Box Number is Not Acceptable): 20506 Via MARISA

City: Boca Raton FL Zip Code: 33498

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: Gerine Sweeney (Registered Agent signature required when reinstating) DATE: 2-18-03

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT & Director GERINE Y. SWEENEY 20506 Via MARISA Boca RATON, FL 33498
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice PRESIDENT & Director Gerald W. YULE 9727 TAVERIER DRIVE Boca Raton, FL 33497
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec./TREASURER & Director MARY LOU YULE 9727 TAVERNIER DRIVE Boca Raton, FL 33497
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CR2E034B (12/02)

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: Gerine Sweeney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #