

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90100 018 \*\*\*550.00

**DOCUMENT # P00000050297**

1. Entity Name  
**THE SHERON GROUP, INC.**

Principal Place of Business

**4376 FOX RIDGE DRIVE  
 WESTON FL 33331**

Mailing Address

**4376 FOX RIDGE DRIVE  
 WESTON FL 33331**

2. Principal Place of Business

**8000 PETERS ROAD**

Suite, Apt. #, etc.

**Bldg. A - SUITE 200**

City & State

**PLANTATION, FL**

Zip

**33324**

Country

**BROWARD**

3. Mailing Address

**8000 PETERS ROAD**

Suite, Apt. #, etc.

**Bldg. A - SUITE 200**

City & State

**PLANTATION, FL**

Zip

**33324**

Country

**BROWARD**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1012520**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHERON, SCOTT M  
 4376 FOX RIDGE DRIVE  
 WESTON FL 33331**

7. Name and Address of New Registered Agent

Name **SCOTT M. SHERON**

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

**8000 PETERS ROAD**

**Bldg. A - SUITE 200**

City **PLANTATION**

**FL**

Zip Code **33324**

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 **SCOTT M. SHERON, PRESIDENT** **9-12-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **P** ☐ Delete  
 NAME **SHERON, SCOTT M**  
 STREET ADDRESS **4376 FOX RIDGE DRIVE**  
 CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **SCOTT M. SHERON**  
 STREET ADDRESS **8000 PETERS RD. Bldg. A - SUITE 200**  
 CITY-ST-ZIP **PLANTATION, FL 33324**

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

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

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

CR2E034 (4/02)

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SCOTT M. SHERON** **9-12-02** **954.693.8686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #