

FROM :

PHONE NO. :

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91146 026 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084730

1. Entity Name

S6 Financial Services, Inc. ✓

Principal Place of Business

1345 Crystal Way Apt. J
Delray Beach, FL 33444

Mailing Address

1345 Crystal Way Apt. J
Delray Beach, FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1036341

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$3.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Shawn S. Griner

1345 Crystal Way Apt. J

Delray Beach, FL 33444

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.

SIGNATURE

Signature, typed or printed name of registered agent and the # applicable.

(NOTE: Registered Agent Signature required when releasing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
☐ Delete	Shawn Griner 1345 Crystal Way Apt. J Delray Beach, FL 33444	☐ Change ☐ Addition	
☐ Delete	VP Heather Paschsky 1345 Crystal Way Apt. J Delray Beach, FL 33444	☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: X SIGNATURE REMOVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #

CR2004 (3/01)