

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

04-08-2002 90215 049 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000006057**

1. Entity Name

SOLE SOURCE REPRESENTATIVES, INC.

Principal Place of Business

8255 TROTTERS LANE  
PARKLAND FL 33067

Mailing Address

8255 TROTTERS LANE  
PARKLAND FL 33067

2. Principal Place of Business

8255 Trotters Lane

Suite, Apt. #, etc.

3. Mailing Address

8255 Trotters

Suite, Apt. #, etc.

City &amp; State

Parkland FL

City &amp; State

Parkland FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. FEI Number

65-1077272

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SCHWARTZ, JUDY  
8255 TROTTERS LANE  
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name JEFF SCHWARTZ

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

8255 Trotters Lane

City Parkland FL Zip Code 33067

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02  
DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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          | D                  | <input checked="" type="checkbox"/> Delete |
| NAME           | SCHWARTZ, JUDY     |  |
| STREET ADDRESS | 8255 TROTTERS LANE |  |
| CITY-ST-ZIP    | PARKLAND FL 33067  |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | OWNER              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JEFF Schwartz      |  |
| STREET ADDRESS | 8255 Trotters Lane |  |
| CITY-ST-ZIP    | Parkland, FL 33067 |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02  
Date954-346-4099  
Daytime Phone #

CR2E034 (9/01)