

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90087 048 \*\*\*150.00

DOCUMENT # *P01000021887*

1. Entity Name

*SFH Management Company, Inc.*

Principal Place of Business

*3601 NW 84<sup>th</sup> Terr.  
 Coral Springs, FL 33065*

Mailing Address

*3601 NW 84<sup>th</sup> Terr.  
 Coral Springs, FL 33065*

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

*65-1085519*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

*SAM HOLMES  
 3601 NW 84<sup>th</sup> Terr.  
 Coral Springs, FL 33065*

7. Name and Address of New Registered Agent

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. 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Sam Holmes 3601 NW 84<sup>th</sup> Terr. Coral Springs, FL 33065</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

Attachment

SEPTEMBER 10, 2002

POI 0000 21887

DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: SFH MANAGEMENT COMPANY, INC.

TO WHOM IT MAY CONCERN:

I AM WRITING IN REFERENCE TO THE ABOVE MENTIONED CORPORATION. PLEASE BE ADVISED THAT WE NEVER RECEIVED OUR UNIFORM BUSINESS REPORT FOR CALENDAR YEAR 2002. ACCORDINGLY, WE ARE ENCLOSING A CHECK FOR \$150, WHICH WILL COVER THE INITIAL FILING FEE, AND A COMPLETED FORM FOR THE CURRENT CALENDAR YEAR.

THANK YOU IN ADVANCE FOR YOUR COOPERATION AND UNDERSTANDING IN THIS MATTER.

SINCERELY,



SAM HOLMES, PRESIDENT