

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90147 032 \*\*\*150.00

**DOCUMENT # P01000067278**

1. Entity Name  
**SHARON LEE INVESTMENT, CORP.**



Principal Place of Business  
**318 WALNUT STREET APT 4  
HOLLYWOOD FL 33019**

Mailing Address  
**318 WALNUT STREET APT 4  
HOLLYWOOD FL 33019**

**40018419**



2. Principal Place of Business  
**332 WALNUT STREET**

3. Mailing Address  
**332 WALNUT ST**

Suite, Apt. #, etc.  
**2**

Suite, Apt. #, etc.  
**2**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**HOLLYWOOD, FL**

City & State  
**HOLLYWOOD, FL**

4. FEI Number **65-1119965**

Applied For  
☐ Not Applicable

Zip  
**33019**

Country

Zip  
**33019**

Country

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

**6. Name and Address of Current Registered Agent**

**HAAKER, SHARON LEE  
318 WALNUT STREET APT 4  
HOLLYWOOD FL 33019**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**332 WALNUT ST #2**

City  
**HOLLYWOOD**

FL

Zip Code  
**33019**

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 *Sharon L Haaker*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-21-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **PD** ☐ Delete  
NAME **HAAKER, SHARON L**  
STREET ADDRESS **318 WALNUT STREET APT 4**  
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **332 WALNUT ST #2**  
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

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

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

SIGNATURE: *Sharon L Haaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**B21-03**

CR2E034 (10/02)