

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91408 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070152

1. Entity Name

Sheer Consulting, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2875 S. Ocean Blvd.

3. Mailing Address
2875 S. Ocean Blvd.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Palm Beach, FL

City & State
Palm Beach, FL

4. FEI Number 65-1124671

Applied For
Not Applicable

Zip Country
33480 USA

Zip Country
33480 USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Cynthia Fletcher

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

11 North J Street

City Lake Worth

FL Zip Code 33460

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

Cynthia Fletcher

(NOTE: Registered Agent signature required when reinstating)

4/29/03

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME
STREET ADDRESS
CITY - ST - ZIP
OFFICERS
Thomas Sheer
129 Island Dr. South
Ocean Ridge, FL 33435

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

561 582 1928

Daytime Phone #

CR2E034B (12/02)