

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

0416226 AV

03-27-2003 90107 049 ***150.00

DOCUMENT # P01000096418

1. Entity Name
SHARP INVESTMENTS, INC.



Principal Place of Business
4135 NW 10TH ST
DELRAY BCH FL 33445

Mailing Address
4135 NW 10TH ST
DELRAY BCH FL 33445

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 **65-1146017**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARP, SUSAN C
4135 NW 10TH ST
DELRAY BCH FL 33445

Name **Susan C. Hauck**
Street Address (P.O. Box Number is Not Acceptable)
4135 NW 10th Street
City **Delray Beach** FL Zip Code **33445**

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 *Susan C. Hauck*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SHARP, SUSAN C**
STREET ADDRESS **4135 NW 10TH STREET**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **President** ☒ Change ☐ Addition
NAME **Susan C. Hauck**
STREET ADDRESS **4135 NW 10th Street**
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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: *Susan C. Hauck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Date

361-865-1122

Daytime Phone #

CR2E034 (10/02)

Department of Health • Vital Statistics

STATE OF FLORIDA

MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Attachment #
101000096418

80064952
(STATE FILE NUMBER)



12/06/2002 14:02:01 20020644410
OR BK 14489 PG 0185

Palm Beach County, Florida
Dorothy H. Wilken, Clerk

2002-003581 S

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) SHAWN CHRISTOPHER HAUCK			2. DATE OF BIRTH (Month, Day, Year) SEP 10 1975		
3a. RESIDENCE - CITY, TOWN, OR LOCATION DELRAY BEACH		3b. COUNTY PALM BEACH		3c. STATE FL	
4. BIRTHPLACE (State or Foreign Country) FLORIDA					
5a. BRIDE'S NAME (First, Middle, Last) SUSAN CATHERINE SHARP			5b. MAIDEN SURNAME (If different) SHARP		6. DATE OF BIRTH (Month, Day, Year) SEP 18 1969
7a. RESIDENCE - CITY, TOWN, OR LOCATION DELRAY BEACH		7b. COUNTY PALM BEACH		7c. STATE FL	
8. BIRTHPLACE (State or Foreign Country) MARYLAND					

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) Shawn Christopher Hauck		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) NOV 20 2002	
11. DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) Dorothy H. Wilken	
13. SIGNATURE OF BRIDE (Sign full name using black ink) Susan Catherine Sharp		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) NOV 20 2002	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) Dorothy H. Wilken	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE PALM BEACH		18. DATE LICENSE ISSUED NOV 20 2002		19a. DATE LICENSE EFFECTIVE NOV 23 2002		19b. EXPIRATION DATE JAN 19 2003	
20a. SIGNATURE OF COURT CLERK OR JUDGE Dorothy H. Wilken				20b. CLERK OF THE CIRCUIT		20c. BY D.C. H	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) NOVEMBER 30, 2002		22. CITY, TOWN, OR LOCATION OF MARRIAGE KEY WEST, FLORIDA	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) Joseph McLaughlin		23c. ADDRESS (Of person performing ceremony) PO BOX 297, KEY WEST, FL 33041	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (If notary state) JOSEPH MCLAUGHLIN MY COMMISSION # DD 103017 EXPIRES: March 25, 2006 Bonded Thru Notary Public Underwriters		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) [Signature]	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) [Signature]	



STATE OF FLORIDA
COUNTY OF PALM BEACH

This copy is a true copy of the Original
on file in this office. WITNESS my
hand and Official Seal

This 10 day of Dec A.D. 20 02
Dorothy H. Wilken, Clerk, Circuit Court

By: [Signature] D.C.