

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90773 002 ***150.00

DOCUMENT # P02000059335

1. Entity Name
SBC FINANCIAL SERVICES, INC.



Principal Place of Business
**20283 STATE RD 7 STE 400
BOCA RATON, FL 33498**

Mailing Address
**20283 STATE RD 7 STE 400
BOCA RATON, FL 33498**

14018399



2. Principal Place of Business 123 NW 13th STREET SUITE 21406 BOCA RATON, FL		3. Mailing Address 123 NW 13th STREET SUITE 21406 BOCA RATON, FL	
City & State BOCA RATON, FL	City & State BOCA RATON, FL	City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33432	Country USA	Zip 33432	Country USA

04282004 Chg-P CR2E034 (10/03)

4. FEI Number 71-0886091	Applied For <input type="checkbox"/>
Not Applicable	

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

6. Name and Address of Current Registered Agent

**HELLER, STEVEN C
20283 STATE RD 7 STE 400
BOCA RATON, FL 33498**

7. Name and Address of New Registered Agent

Name HELLER, STEVEN C
Street Address (P.O. Box Number is Not Acceptable) 123 NW 13th STREET SUITE 21406
City BOCA RATON
State FL
Zip Code 33432

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: Steven C. Heller STEVEN C. HELLER 4-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME HELLER, STEVEN C	
STREET ADDRESS 20283 STATE ROAD 7 SUITE 400	
CITY-ST-ZIP BOCA RATON, FL 33498	
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 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HELLER, STEVEN C	
STREET ADDRESS 123 NW 13th STREET SUITE 21406	
CITY-ST-ZIP BOCA RATON, FL 33432	
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 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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: Steven C. Heller STEVEN C. HELLER 4-28-04 561-715-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #