FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91178 013 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000087168

1. Entity Name
SHARPS CONSULT 2 ORGANIZE, INC.

90129838

Principal Place of Business	Mailing Address
777 S FLAGLER DR WEST TOWER STE 800 WEST PALM BEACH, FL 33401	777 S FLAGLER DR WEST TOWER STE 800 WEST PALM BEACH, FL 33401

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2544 Inisbrook Rd.	P.O. Box 2124
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Bch Fl	City & State: West Palm Bch Fl.
Zip: 33407 Country: Palm Bch	Zip: 33402 Country: Palm Bch

4. FEI Number: 36-4503174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JACKSON-HAMILTON, SYLVIA
401 EXECUTIVE DR #L103
WEST PALM BEACH, FL 33404

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 Dr. Sylvia Jackson-Hamilton 4/30/03
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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	JACKSON-HAMILTON, SYLVIA	NAME	DR. Sylvia Jackson-Hamilton
STREET ADDRESS	401 EXECUTIVE CENTER DR L103	STREET ADDRESS	P.O. Box 2184
CITY-ST-ZIP	WEST PALM BEACH, FL 33404	CITY-ST-ZIP	West Palm Bch, Fl 33402
TITLE	☐ Delete	TITLE	President / CEO ☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Dr. Sylvia Jackson-Hamilton 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #