

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90109 011 ***150.00

DOCUMENT # P93000034802

1. Entity Name
SOUTH FLORIDA ELECTRONIC BUSINESS SERVICES, INC.

Principal Place of Business
734 NORTHWEST 141 STREET
MIAMI FL 33168

Mailing Address
734 NORTHWEST 141 STREET
MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address
32 SMYRNA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DEBARY FL

4. FEI Number **65-0410394**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32713 VOLUSIA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABNER, BEVERLY
734 NORTHWEST 141 STREET
MIAMI FL 33168

Name
 Street Address (P.O. Box Number is Not Acceptable)
32 SMYRNA DR.
 City **DEBARY** FL Zip Code **32713**

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.

SIGNATURE *Beverly Abner* **4/23/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible
4 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ D ☐ Delete
 NAME **LEWIS, ROBERT D**
 STREET ADDRESS **734 NW 141 ST 1007 N. CORBETT**
 CITY-ST-ZIP **MIAMI-FL GOLDSBORO, N.C. 27536**

TITLE ☐ Change ☒ Addition
 NAME **V.P. REIDER, CAROLYN**
 STREET ADDRESS **720 N.W. 141 ST**
 CITY-ST-ZIP **MIAMI, FL 33168**

TITLE ☒ D ☐ Delete
 NAME **ABNER, ROSEN**
 STREET ADDRESS **734 NW 141 ST 8090 NW 10 ST #4**
 CITY-ST-ZIP **MIAMI-FL 33126**

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

TITLE ☐ P ☐ Delete
 NAME **ABNER, BEVERLY L**
 STREET ADDRESS **734 NW 141 ST 32 SMYRNA DRIVE**
 CITY-ST-ZIP **MIAMI-FL DEBARY FL 32713**

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

TITLE ☐ VP ☐ Delete
 NAME **LEWIS, MICHAEL B**
 STREET ADDRESS **734 NW 141 ST**
 CITY-ST-ZIP **MIAMI FL 33168**

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

TITLE ☐ D ☐ Delete
 NAME **LEONARD, SUZANNE**
 STREET ADDRESS **20271 PEARCE ST**
 CITY-ST-ZIP **FORT MYERS FL 33917**

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

TITLE ☐ D ☐ Delete
 NAME **GORMAN, CHRISTINA M**
 STREET ADDRESS **301 BIRCH AVE**
 CITY-ST-ZIP **ORANGE CITY FL 32768**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beverly Abner* **4/23/02 386-668-2870**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)