

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90086 049 ***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
**32 SMYRNA DR.
DEBARY FL 32713**

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

65-04 10394

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

**ABNER, BEVERLY
32 SMYRNA DR.
DEBARY FL 32713**

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, ROBERT D	
STREET ADDRESS	1007 N. CORBETT	
CITY-ST-ZIP	GOLDSBORO NC 27536	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABNER, ROSEN	
STREET ADDRESS	8090 NW 10 ST #4	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	P	<input type="checkbox"/> Delete
NAME	ABNER, BEVERLY L	
STREET ADDRESS	32 SMYRNA DR.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWIS, MICHAEL B	
STREET ADDRESS	734 NW 141 ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, SUZANNE	
STREET ADDRESS	20271 PEARCE ST	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORMAN, CHRISTINA M	
STREET ADDRESS	301 BIRCH AVE	
CITY-ST-ZIP	ORANGE CITY FL 32768	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REIDER, CAROLYN	
STREET ADDRESS	720 NW 141 ST	
CITY-ST-ZIP	MIAMI, FL 33168	
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:

SIGNATURE REQUIRED
BEVERLY ABNER 4/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)