

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000040162

1. Entity Name

S.B.S., INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90116 049 ***150.00

Principal Place of Business	Mailing Address
5410 MARINA DR STE. 300 HOLMES BEACH FL 34217 US	P. O. BOX 1416 HOLMES BEACH FL 34218-1416 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0417922	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PERREY, PHILIP E 1111 3RD AVENUE WEST STE. 300 BRADENTON FL

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.

SIGNATURE _____
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 Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	LARDAS, SOPHIA	NAME	
STREET ADDRESS	913 N. SHORE DR.	STREET ADDRESS	
CITY-ST-ZIP	ANNA MARIA FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	LARDAS, STEPHEN	NAME	
STREET ADDRESS	913 N SHORE DR	STREET ADDRESS	
CITY-ST-ZIP	ANNA MARIA FL	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	LACIOS, MARY S.	NAME	
STREET ADDRESS	913 N. SHORE DR	STREET ADDRESS	
CITY-ST-ZIP	ANNA MARIA FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Stephen J. Lardas Stephen Lardas 4/11/2000 941-778-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 5888

CR2E034 (9/99)