

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90140 006 ***150.00

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DOCUMENT # P93000068832

1. Entity Name

SINCLAIR ENTERPRISES INC.



Principal Place of Business

3400 US 1 SOUTH

#F

ST AUGUSTINE FL 32076

US

Mailing Address

P.O. BOX 5304

ST AUGUSTINE FL 32085-5304

US

2. Principal Place of Business

2334 E. HWY. 100

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 6C

City & State

BUNNELL FL

City & State

Zip

Zip

Country

32110

FLAGLER

Country

4. FEI Number

59-3227844

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

SINCLAIR, JAMES W
96 HERNANDEZ AVENUE
PALM COAST FL 32137

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
NAME SINCLAIR, JAMES W
STREET ADDRESS 96 HERNANDEZ AVENUE
CITY-ST-ZIP PALM COAST FL 32137

☐ Delete

TITLE S
NAME SINCLAIR, NEDRA
STREET ADDRESS 96 HERNANDEZ AVENUE
CITY-ST-ZIP PALM COAST FL 32137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 386-439-3333

Date

Daytime Phone #

CR2E034 (10/02)