2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090553



FILED Mar 07, 2003 8:00 am Secretary of State

SDC PA	ARTNERS,	INC.				03-07-20	03 90376 001 *	**300.	00
Principal Place of Business 1725 UNIVERSITY DRIVE STE 450 CORAL SPRINGS FL 33071			Mailing Address 1725 UNIVERSITY DRIVE STE 450 CORAL SPRINGS FL 33071		- 	100 11 00 1100 1100 1100 1100 1100 1100			
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		hhalh34432		oplied For ot Applicable			
Zip		Country	Zip	Country	у	5. Certificate of Status Desire	ed S8.	75 Add	ditional
	6. Name	and Address of Current	Registered Agent			7Name and Address of No			. درمیندست د
	· • · · · ·	Ç			Name				
SUTTON, SAMUEL R 405 N OCEAN DRIVE			Street Address		P.O. Box Number is Not Accept	table)	 -		
#1507	-					nne-t		···.	
POMPANO BEACH FL 33062			City			FL	Zip Code	е	
8. The above the obliga	e named entity ations of regist	y submits this statement fo ered agent.	r the purpose of changing its	s registered	office or register	ed agent, or both, in the State o	of Florida. I am famili	iar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	TE: Registered A	Agent signature required	when reinstation)	DATE		
	FILE NOW!!	! FEE IS \$150.00				The state of the s	DATE		
Afte	r May 1, 200	3 Fee will be \$550.00				9. Election Campaigr	c : .	A- 0	_
Make Check	k Payable to	Florida Department of	State			Trust Fund Contrib			May Be to Fees
10.	k Payable to	Florida Department of	<u></u>	11.		Trust Fund Contrib	oution.	Added	to Fees
	k Payable to	Florida Department of OFFICERS AND	DIRECTORS	11.			OFFICERS AND DIR	Added ECTORS	to Fees
10.	PTSV SUTTON,	Florida Department of OFFICERS AND SAMUEL R	<u></u>	11. TITLE NAME		Trust Fund Contrib	OFFICERS AND DIR	Added	to Fees
10. TITLE NAME STREET ADDRESS	PTSV SUTTON, 405 N OC	OFFICERS AND SAMUEL R EAN BLVD., #1507	DIRECTORS	TITLE NAME	ADDRESS	Trust Fund Contrib	OFFICERS AND DIR	Added ECTORS	to Fees
10. TITLE NAME	PTSV SUTTON, 405 N OC	Florida Department of OFFICERS AND SAMUEL R	DIRECTORS	TITLE NAME	ADDRESS	Trust Fund Contrib	OFFICERS AND DIR	Added ECTORS	to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTSV SUTTON, 405 N OC POMPANO	SAMUEL R EAN BLVD., #1507 BEACH FL 33062	DIRECTORS	TITLE NAME STREET	ADDRESS	Trust Fund Contrib	OFFICERS AND DIR	Added ECTORS	to Fees
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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: