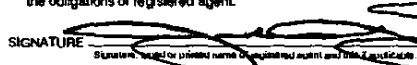


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91803 043 ***150.00

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

DOCUMENT # P96000017760		
1. Entity Name SHEROME ENTERPRISES, INC.		
Principal Place of Business 4051 SOUTH U.S. #1 FT PIERCE, FL		Mailing Address 4051 SOUTH U.S. #1 FT PIERCE, FL
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip		Country
4. FEI Number 65-0643229		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHINGARY, JEROME J 4051 SOUTH U.S. #1 FT. PIERCE, 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 		DATE 4/29/03
FILE NOW WITH THE SECRETARY OF STATE After May 17, 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	☐ Delete
NAME	SHINGARY, JEROME J	
STREET ADDRESS	4051 SOUTH US 1	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	D	☐ Delete
NAME	SHINGARY, JEROME J	
STREET ADDRESS	4051 SOUTH US 1	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	D	☐ Delete
NAME	SHINGARY, JOSEPH T	
STREET ADDRESS	4051 SOUTH US 1	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	D	☐ Delete
NAME	SHINGARY, DOUGLAS M	
STREET ADDRESS	4051 SOUTH US 1	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	D	☐ Delete
NAME	SHINGARY, CASEY R	
STREET ADDRESS	4051 SOUTH US 1	
CITY-ST-ZIP	FT. PIERCE, FL 31982	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 807, 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: 		DATE 4/29/03 7724641996