2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040548

1. Entity Name

SIDES & SONS, INC.

FILED
00 FEB 21 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3625 PLEASANT ACRES RD FT PIERCE FL 34982	3625 PLEASANT ACRES RD FT PIERCE FL 34982-6602

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 65-0675104 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIDES, EDWARD P
3625 PLEASANT ACRES RD
FT PIERCE FL 34982

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 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 ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: D NAME: SIDES, EDWARD P STREET ADDRESS: 3625 PLEASANT ACRES RD CITY-ST-ZIP: FT PIERCE FL 34982	☐ D	President Edward P. Sides 3201 Linda Vista Ave Ft. Pierce, Fl 34982	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ D	Director Charles Sides 3180 S. 21st Street Ft. Pierce, Fl 34982	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ D	Vice President Tony M. Sides 2603 S. 29th St Ft. Pierce, Fl 34982	☐ Change ☒ Addition
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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: Edward P. Sides Edward Sides 2/16/00 561-465-9151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #