

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000084277

FILED  
Apr 21, 2003  
Secretary of State

Entity Name: SHERBON ENTERPRISES, INC.

## Current Principal Place of Business:

C/O HUBAIR, INC.  
590 SAWGRASS CORPORATE PKWY.  
FT. LAUDERDALE, FL 33325

## New Principal Place of Business:

## Current Mailing Address:

C/O HUBAIR, INC.  
590 SAWGRASS CORPORATE PKWY.  
FT. LAUDERDALE, FL 33325

## New Mailing Address:

FEI Number: 65-0704418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHERADSKY, RODD  
590 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 333256255 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHERADSKY, RODD  
Address: 590 SAWGRASS CORPORATE PKWY  
City-St-Zip: SUNRISE, FL 333256255

Title: D ( ) Delete  
Name: SHERADSKY, CYNTHIA  
Address: 590 SAWGRASS CORPORATE PKWY  
City-St-Zip: SUNRISE, FL 333256255

Title: D ( ) Delete  
Name: BONNELL, RUSSELL  
Address: 590 SAWGRASS CORPORATE PKWY  
City-St-Zip: SUNRISE, FL 333256255

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODD SHERADSKY

DIR

04/21/2003

Electronic Signature of Signing Officer or Director

Date