2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State
05-16-2001 90391 026 ***150.00

DOCUMENT # P96000086313

1. Entity Name
The Sheffield Agency Inc.

Principal Place of Business	Mailing Address
2121 Vista Pkwy West Palm Beach Fl 33411	PO Box 101418 Ft Lauderdale Fl 33310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2121 Vista Pkwy	PO Box 101418
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach Florida	City & State: FT Lauderdale Florida
Zip: 33411 Country: USA	Zip: 33310 Country: USA

4. FEI Number: 65-071-3643 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Cynthia Karen Sheffield C/o Esquire 104 14020 Northwest Passage Marina Del Rey Ca 90292 2850 NW 44th ST #415 FT Lauderdale Fl 33309	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: Cynthia Karen Sheffield Pres Cynthia Karen Sheffield 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) 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, 2001 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 IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Cynthia Karen Sheffield 14020 Northwest Passage #104 Marina Del Rey Ca 90292	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Cynthia Karen Sheffield c/o Esquire 2850 NW 44th ST #415 FT Lauderdale Fl 33309	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Cynthia Karen Sheffield 4/30/01 954-523-5887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Cynthia Karen Sheffield 6/30/01
Cynthia Karen Sheffield 7/30/01