CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am Secretary of State DOCUMENT # P96000088820 1. Entity Name SBH ENTERPRISES, INC. 02-11-2002 90103 041 ***150.00 Principal Place of Business Mailing Address 343 DEVON PLACE 343 DEVON PLACE LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address 343 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE ~Çity & State Applied For 4. FEI Number 59-3448481 Not Applicable \$8.75 Additional 5. Certificate of Status Desired JUI nole 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EDWARDS, MARK L Street Address (P.O. Box Number is Not Acceptable) 343 DEVON PLACE LAKE MARY FL 32746 pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above SIGNATURE of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Delete TITLE ☐ Change EDWARDS, MARK L 343 DEWON PLACE LAKE MARY FL 32746 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP esident a CED Change ☐ Addition PCEO 🧼 ☐ Delete TITLE TITLE B 4127621 HERBER, SUSAN B NAME NAME DEVOU PL STREET ADORESS STREET ADDRESS 343 DÉVON PL CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL row Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CALLAWAY, ERICA 22 rd St NW # 467 STREET ADDRESS STREET ADDRESS 312 CINDY BROOK LN CITY-ST-ZIP CITY-ST-ZIP MOORE OK ☐ Change Delete TITLE ☐ Addition TITLE EDWARDS/MARK L NAME NAME STREET ADDRESS 343 DEVON PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HEATHROW FL Sasurer ecretan Addition TITLE TITI F Dans M NAME NAME 13805 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME

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 life empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

Date Daytime Phoni