

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009624

1. Entity Name
SHERDABOSS, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90320 021 ***150.00

Principal Place of Business
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

Mailing Address
~~9108 FRONT BEACH ROAD~~
~~PANAMA CITY BEACH FL 32407~~

2. Principal Place of Business

3. Mailing Address

3630 O'HENRY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PANAMA CITY Bch

Zip

Country

Zip

Country

3248

FL

4. FEI Number

59-3438444

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

~~HESS, BRIAN D~~
~~9108 FRONT BEACH ROAD~~
~~PANAMA CITY BEACH FL 32407~~

Name

SHERRY L. SADIE

Street Address (P.O. Box Number is Not Acceptable)

3630 O'HENRY DR

PANAMA City Bch

City

FL

Zip Code

32408

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

Sherry L. Sadie

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-14-01

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
D
SADIE, SHERRY L
8100 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3630 O'HENRY DR
PANAMA City Bch, FL 32408

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SADIE, JEFFREY M
8100 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Sherry L. Sadie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-01

Date

8502345420

Daytime Phone #

CR2E034 (10/00)