

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90385 043 ***550.00

DOCUMENT # P97000027711

1. Entity Name

Sidney Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
818 - 90th Avenue North

Suite, Apt. #, etc.

3. Mailing Address
818 - 90th Avenue North

Suite, Apt. #, etc.

City & State
St. Petersburg FL

Zip Country
33702 USA

City & State
St. Petersburg FL

Zip Country
33702 USA

4. FEI Number
59-3439780

Applied For
Not Applicable

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

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118057

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Allan Sidney

Street Address (P.O. Box Number is Not Acceptable)
818 - 90th Avenue North

City
St. Petersburg FL Zip Code
33702

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Sidney, Allan
818 - 90th Avenue North
St. Petersburg, FL 33702

TITLE
NAME
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 6/11/2002

Date

Daytime Phone #

CR2E034B (12/01)