

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90032 010 \*\*\*150.00

**DOCUMENT # P97000033603**

1. Entity Name  
**SILLS INDUSTRIES, INC.**

Principal Place of Business

2106 21ST LANE  
 GREENACRES FL 33463

Mailing Address

2106 21ST LANE  
 GREENACRES FL 33463-4260

2. Principal Place of Business

**6506 MARBLETREE LN.**  
 Suite, Apt. #, etc.

3. Mailing Address

**6506 MARBLETREE LN.**  
 Suite, Apt. #, etc.

City & State

**LAKE WORTH, FL**

City & State

**LAKE WORTH, FL**

4. FEI Number

**65-0751470**

Applied For

Not Applicable

Zip **33467**

Country **USA**  
~~Other Country~~

Zip **33467**

Country **USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SILLS, AARON**  
 2106 21ST LANE  
 GREENACRES FL 33463

7. Name and Address of New Registered Agent

Name **AARON SilLS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6506 Marbletree LN.**  
 City **LAKE WORTH, FL** Zip Code **33467**

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 *Aaron SilLS* **President** 4-20-00  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SILLS, AARON</b> 2106 21ST LANE GREENACRES FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SILLS, AARON</b> 6506 Marbletree LN. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SILLS, STACEY</b> 2106 21ST LANE GREENACRES FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SILLS STACEY</b> 6506 Marbletree LN. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Aaron SilLS* **President** 4/20/00 561-719-9597  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)