

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033603

1. Entity Name

SILLS INDUSTRIES, INC.

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

05-03-2000 90032 010 ***150.00

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

Zip 33467

Country USA

Zip 33467

Country USA

4. FEI Number

65-0751470

Applied For

Not Applicable

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

President

4-20-00

(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

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SILLS, AARON | |
| STREET ADDRESS | 2106 21ST LANE | |
| CITY-ST-ZIP | GREENACRES FL 33463 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SILLS, STACEY | |
| STREET ADDRESS | 2106 21ST LANE | |
| CITY-ST-ZIP | GREENACRES FL 33463 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILLS, AARON | |
| STREET ADDRESS | 6506 Marbletree LN. | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILLS STACEY | |
| STREET ADDRESS | 6506 Marbletree LN. | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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
Signature and typed or printed name of signing officer or director

President

4/20/00

561-719-9597

Date

Daytime Phone #

CR2E034 (9/99)