


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000044626	
1. Entity Name SBP SERVICES, INC.	

Principal Place of Business 1211 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442-7632	Mailing Address 1211 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442-7632
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0778999	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HENDRICKS, ROBERT J
1211 S MILITARY TRAIL
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000013574
01/26/04-80059-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BANKS, DAVID P 1211 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 334427632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRAZIN, DANIEL O 1211 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David P. Banks, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04

954.480.2611
Date Daytime Phone #