

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90059 019 \*\*\*150.00

DOCUMENT # P97000099029

1. Entity Name

S \* D OF SEBRING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2026 SAM WALTON WAY

3. Mailing Address

2026 SAM WALTON WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WALES, FLA

City & State

LAKE WALES, FLA

4. FEI Number

59-3479931

Applied For

Not Applicable

Zip

33853

Country

US

Zip

33853

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SEAN FIELDER

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

2026 SAM WALTON WAY

City

LAKE WALES

FL

Zip Code

33853

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

*Sean M Fielder*

SEAN FIELDER

4/17/02

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 PD  
NAME FIELDER, SEAN  
STREET ADDRESS 2026 SAM WALTON WAY  
CITY-ST-ZIP LAKE WALES, FLA. 33853

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**DO NOT WRITE  
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sean M Fielder*

Date

4/17/02

Daytime Phone #

1-863-678-9797