2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90022 043 ***150.00

DOCUMENT # P97000099029

1. Entity Name

S & D OF SEBRING, INC.

DO NOT WRITE IN THIS SPACE

54004708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6027 SWEET GUM RUN	6027 SWEET GUM RUN
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: BARTOW, FLA.	City & State: BARTOW, FLA.
Zip: 33830-8932 Country: USA	Zip: 33830-8932 Country: USA

4. FEI Number 59-3479931 — Applied For ☐ Not Applicable ☐

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: FIELDER, SEAN

Street Address (P.O. Box Number is Not Acceptable): 6027 SWEET GUM RUN

City: BARTOW FL Zip Code: 33830

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 ____________________ DATE ________

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D, P, T, S	TITLE	
NAME	FIELDER, SEAN	NAME	
STREET ADDRESS	6027 SWEET GUM RUN	STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FLA. 33830-8932	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

SIGN HERE

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] 1/4/04 863-678-9797