2002 UNIFORM BUSINESS REPORT (UBR)

dress, with all other

changed, or on an attachment with a

SIGNATURE:

Apr 29, 2002 8:00 am Secretary of State P98000024017 DOCUMENT # 1. Entity Name 04-29-2002 90174 039 ***150.00 SHER-RON BUILDING ENTERPRISES, INC. Mailing Address Principal Place of Business 8214 NW 8TH ST. 8214 NW 8TH ST. PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0817789 Not Applicable \$8.75 Additional ·Zip 5. Certificate of Status Desired ... Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARLICK, RONALD Street Address (P.O. Box Number is Not Acceptable) 8214 NW 8TH ST:: PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Fresident ☐ Change X Addition TITLE Delete TITLE D NAME GARLICK, RONALD NAME STREET ADDRESS STREET ADDRESS 8214 NW 8TH ST. CITY-ST-7IP PLANTATION FL 33324 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ---CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED