

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90182 028 ***150.00

DOCUMENT # P98000024017

1. Entity Name
SHER-RON BUILDING ENTERPRISES, INC.



Principal Place of Business
**8214 NW 8TH ST.
PLANTATION FL 33324**

Mailing Address
**8214 NW 8TH ST.
PLANTATION FL 33324**

10028523



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0817789**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARLICK, RONALD
8214 NW 8TH ST.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **Linda D Stursberg**

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

City **Sebastian**

FL

Zip Code **32958**

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 **Linda D Stursberg**

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** ☐ Delete
NAME **D GARLICK, RONALD**
STREET ADDRESS **8214 NW 8TH ST.**
CITY-ST-ZIP **PLANTATION FL 33324**

☐ Change ☐ Addition

TITLE **VP** ☐ Delete
NAME **GARLICK, JOHN**
STREET ADDRESS **6730 CAMPBELL RD**
CITY-ST-ZIP **YORK SC 29745**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE: **Ronald Garlick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/09/03

954-410-9781

CR2E034 (10/02)