

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90884 042 ***150.00

DOCUMENT # *P08000027611*
1. Entity Name
THE SHERMAN GROUP CO.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
320 COCOA AVE
Suite, Apt. #, etc.

3. Mailing Address
320 COCOA AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
INDIALANTIC FL

City & State
INDIALANTIC, FL

Zip
32902

Country
BREVARD

Zip
32902

Country
BREVARD

4. FEI Number
59-3539411

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
SHERMAN, BERNARD C.

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

City
Indialantic **FL** Zip Code
32902

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

Bernard C. Sherman
DATE *4/30/02*

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>DPST SHERMAN, BERNARD C 320 COCOA AVE INDIALANTIC, FL 32902</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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: *Bernard C. Sherman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD C. SHERMAN *4/30/02* *321-591-6011*
Date Daytime Phone #