

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036657

1. Entity Name

S&B GROWTH, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90164 022 ***150.00

833229



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
157 ORCHID CAY DR 157 ORCHID CAY DR
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-4615

2. Principal Place of Business 3. Mailing Address
157 Orchid Cay Dr Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State City & State
Palm Beach Gardens, FL Florida
Zip Country Zip Country
33418 USA

4. FEI Number 65-0829521 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REIN, BURTON
157 ORCHID CAY DR
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 P
NAME REIN, BURTON M
STREET ADDRESS 157 ORCHID CAY DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE S
NAME REIN, SUSAN
STREET ADDRESS 157 ORCHID CAY DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 4/7/00

561-799-0799
Daytime Phone #

CR2E034 (9/99)