

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038361

1. Entity Name

SKS AND ASSOCIATES ACCOUNTING SERVICES AND FINAN

Principal Place of Business

20423 STATE ROAD 7, SUITE 6209
BOCA RATON FL 33498

Mailing Address

20423 STATE ROAD 7, SUITE 6209
BOCA RATON FL 33498

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 65-0847830

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARREN, STEVEN
20423 STATE ROAD 7, SUITE 6209
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name JUDITH K. SELLIN
Street Address (P.O. Box Number is Not Acceptable)

City SAME 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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/9/01

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, 2001 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 SELLIN, JUDITH K
STREET ADDRESS 20423 STATE RD 7, STE 6209
CITY-ST-ZIP BOCA RATON FL 33489

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90054 049 ***150.00



DO NOT WRITE IN THIS SPACE

0032479

CR2E034 (10/00)