2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000038361

1. Entity Name

SKS AND ASSOCIATES ACCOUNTING SERVICES AND FINAN CIAL CONSULTANTS, INC.



Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90360 022 ***150.00

FILED

Principal Place of Business 20423 STATE ROAD 7. SUITE 6290

Mailing Address 20423 STATE ROAD 7. SHITE 6290

BOCA RATON FL 33498		20423 STATE ROAD 7, SUITE 6290 BOCA RATON FL 33498			/P1 (BIED 11148 BIED 210) (BA)	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & S	tate	City & State			☐ CHECK HERE IF MAKING CHANGES	
Zip Country				4. FEI Number 65-0847830	Applied For	
	Country	Zip	Country	5. Certificate of Status Desired S	Not Applicable 8.75 Additional	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Ag	e Required	
SEGLIN.	, JUDITH K		Name	- The registered Ag	елт	
`20423 STATE ROAD 7, SUITE 6290			Street Address (P.O. Box Number is Not Acceptable)			
BOCA R	ATON FL 33498		ļ	(See Not Not Acceptable)		
	•		City		7.0	
8. The abov	re harried entity submits this statement for i	ne ourpose of changing its	C registered effice	FL	Zip Code	
the obliga	ations of registered egent		s redistered buice (or registered agent, or both, in the State of Florida. I am fam	iliar with, and accept	
SIGNATURE	Signature, typed of print difference of registered agent and	Juy L	<u></u>			
F	FILE NOW!!! FEE IS \$150.00	Title if applicable. (NOT	TE: Registered Agent signa	ture required when reinstating) DATE		
Afte	er May 1, 2003 Fee will be \$550 on	u I		9. Election Campaign Financing	A - - - - - - - - - -	
Make Chec	k Payable to Florida Department of S	tate		Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICE DO AND		
TITLE NAME	P Seglin, Judith K	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIF		
STREET ADDRESS	20423 STATE RD 7, STE 6209		NAME		Change	
CITY-ST-ZIP	BOCA RATON FL 33489		STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete	TITLE			
NAME		- Delete	NAME		Change	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
TITLE			CITY-ST-ZIP	<u>.</u>		
NAME		☐ Delete	TITLE		Change	
STREET ADDRESS	-	·	NAME	_	Onlings Addition	
CITY-ST-ZIP			STREET ADDRESS - CITY-ST-ZIP	7 max	}	
TITLE		☐ Delete	TITLE			
NAME STREET ADDRESS			NAME		Change	
CITY-ST-ZIP	`		STREET ADDRESS			
TITLE			CITY-ST-ZIP			
NAME		☐ Delete	TITLE		hange	
STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP		_	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			
NAME STREET ADDRESS	\	1	NAME	□ c	hange 🔲 Addition	
CITY-ST-ZIP			STREET ADDRESS			
12. I hereby ce	ertify that the information		CITY-ST-ZIP			

12. I hereby certify that the information oplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information after each accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director address, I while I was a present it is exported by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this rep art or supple of the corporation or the received changed, or on an attachment

SIGNATURE:

UPSD OFFICER OR DIRECTOR

Date

Daytime Phone #