

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0401795 AV

DOCUMENT # P98000073370

1. Entity Name
SHERBROOKE REALTY HOLDINGS, INC.



05-05-2003 91897 026 ***150.00

Principal Place of Business
**555 S. FEDERAL HWY
STE 400
BOCA RATON FL 33432
US**

Mailing Address
**555 S. FEDERAL HWY
STE 400
BOCA RATON FL 33432
US**



2. Principal Place of Business
**150 E. Palmetto Park Rd
Suite, Apt. #, etc.
Suite 330
City & State
Boca Raton, FL**

3. Mailing Address
**150 E. Palmetto Park Rd.
Suite, Apt. #, etc.
Suite 330
City & State
Boca Raton, FL**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0862233** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**KING, JAMES P
555 S. FEDERAL HWY
STE 400
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent
**KING, JAMES P
150 E. PALMETTO PARK ROAD
SUITE 330
BOCA RATON FL 33432**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	S SCHLUBACH, ANITA 555 S. FEDERAL HWY #400 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLUBACH, ANITA 150 E. PALMETTO PK RD, STE 330 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JAMES P 555 S. FEDERAL HWY #400 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JAMES P 150 E. PALMETTO PK RD, STE 330 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (10/02)