

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90012 035 ***150.00

0029987

DOCUMENT # P98000087057

1. Entity Name
SINCAVAGE & JONES, INC.

Principal Place of Business Mailing Address
6601 PARK OF COMMERCE BLVD. **6601 PARK OF COMMERCE BLVD.**
BOCA RATON FL 33487 **BOCA RATON FL 33487**

736300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0879179		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
QUARLES, THOMAS 6601 PARK OF COMMERCE BLVD. BOCA RATON FL 33487				Name: Kenneth J. Schwartz			
				Street Address (P.O. Box Number is Not Acceptable) 6601 Park of Commerce Blvd			
				City Boca Raton		FL	

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: *Kenneth J. Schwartz* DATE: **3/20/01**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINCAVAGE, FRANK J			NAME	Frank Sincavage		
STREET ADDRESS	593 N. COUNTRY CLUB DRIVE			STREET ADDRESS	593 N Country Club Dr		
CITY-ST-ZIP	ATLANTIS FL 33462			CITY-ST-ZIP	Atlantis FL 33462		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, SUZANNE			NAME			
STREET ADDRESS	593 N. COUNTRY CLUB DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ATLANTIS FL 33462			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	QUARLES, THOMAS			NAME	Kenneth J. Schwartz		
STREET ADDRESS	525 N. OCEAN BLVD., #1615			STREET ADDRESS	6601 Park of Commerce Blvd		
CITY-ST-ZIP	POMPANO FL 33062			CITY-ST-ZIP	Boca Raton, FL 33487		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *FRANK JOHN SINCAVAGE, P/D* DATE: **3/21** DAYTIME PHONE: **561-999-4430**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)