

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90151 040 ***150.00

DOCUMENT # P99000010459

1. Entity Name
S & O MERCHANDISE BROKERS, INC.



Principal Place of Business
3153 NW 114 AVE
CORAL SPRINGS FL 33065-3105

Mailing Address
3153 NW 114 AVE
CORAL SPRINGS FL 33065-3105



2. Principal Place of Business

514 PEERLESS CIRCLE

Suite, Apt. #, etc.

LEHIGH ACRES

City & State

33936 FLORIDA

Zip

Country

3. Mailing Address

514 PEERLESS CIRCLE

Suite, Apt. #, etc.

LEHIGH ACRES

City & State

33936 FLORIDA

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0891491

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, SEYMORE

3153 NW 114 AVE

CORAL SPRINGS FL 33065-3105

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Seymour Williams

Seymour Williams

4/25/03

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

TITLE PD
NAME WILLIAMS, SEYMORE
STREET ADDRESS 3153 NW 114 AVE
CITY-ST-ZIP CORAL SPRINGS FL 33065-3105

TITLE VD
NAME BECKFORD-WILLIAMS, OLIVINNE
STREET ADDRESS 3153 NW 114 AVE
CITY-ST-ZIP CORAL SPRINGS FL 33065-3105

TITLE M
NAME HENRY, ANTHONY
STREET ADDRESS 3163 NW 114 AVE
CITY-ST-ZIP CORAL SPRINGS FL 33066

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C/M
NAME MARK ANTHONY WILLIAMS
STREET ADDRESS 514 PEERLESS CIRCLE
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Seymour Williams 4/25/03 954-346-2131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)