

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1:

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90017 026 \*\*\*150.00

**DOCUMENT # P99000021510**

1. Entity Name

**SHEER INFORMATION SERVICES, INC.**

Principal Place of Business

413 NE 3RD STREET  
 DELRAY BEACH FL 33483

Mailing Address

413 NE 3RD STREET  
 DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



#65-0904107

DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEER, BRENDA L**  
**413 NORTH EAST THIRD STREET**  
**DELRAY BEACH FL 33483**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SHEER, BRENDA L	
STREET ADDRESS	1250 LINCOLN ROAD, STE. 405	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOHRONAS, WENDEE	
STREET ADDRESS	1250 LINCOLN ROAD, STE. 405	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHEER, ILENE	
STREET ADDRESS	1250 LINCOLN ROAD, STE. 405	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEER, BRENDA L.	
STREET ADDRESS	413 N.E. 3RD STREET	
CITY-ST-ZIP	DELRAY BEACH, FLA. 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHRONAS, WENDEE	
STREET ADDRESS	413 N.E. 3RD STREET	
CITY-ST-ZIP	DELRAY BEACH, FLA. 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEER ILENE	
STREET ADDRESS	413 N.E. 3RD ST.	
CITY-ST-ZIP	DELRAY BEACH, FLA. 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Brenda Sheer*

*Brenda Sheer*

*2/15/2001*

*561-526-3200*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)