

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90080 005 ***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

MARKET RESEARCH
Suite, Apt. #, etc.

3. Mailing Address

413 N.E. 3RD ST.
Suite, Apt. #, etc.

City & State

DELRAY BEACH

City & State

DELRAY BEACH

4. FEI Number

65-0904107

Applied For

Not Applicable

Zip

33483

Country

FLORIDA

Zip

33483

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

Brenda Lee Sheer

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE DPT
NAME SHEER, BRENDA L
STREET ADDRESS 413 NE 3RD STREET
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

TITLE V
NAME KOHRONAS, WENDEE
STREET ADDRESS 413 NE 3RD STREET
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

TITLE S
NAME SHEER, ILENE
STREET ADDRESS 413 NE 3RD STREET
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Brenda Lee Sheer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)