

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-05-2003 90066 011 ***158.75

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DOCUMENT # P99000084083

1. Entity Name
SHARP IMAGE SERVICES, INC.



Principal Place of Business
**2935 SW 22ND AVENUE, #102
DELRAY BEACH FL 33445**

Mailing Address
**2935 SW 22ND AVENUE, #102
DELRAY BEACH FL 33445**



2. Principal Place of Business

3170 N. FEDERAL HWY

3. Mailing Address

3170 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

☒ CHECK HERE IF MAKING CHANGES

City & State
LIGHTHOUSE POINT, FL

City & State
LIGHTHOUSE POINT, FL

4. FEI Number
65-0964242

Applied For
☐ Not Applicable

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

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

6. Name and Address of Current Registered Agent

**MARIANO, DOUGLAS
2935 SW 22ND AVENUE, #102
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name
MARIANO, DOUGLAS

Street Address (P.O. Box Number is Not Acceptable)

330 SE 2 AVE # C3

City
DEERFIELD BEACH FL

Zip Code
33441

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 **Douglas Mariano**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/03

**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

TITILE **T** ☐ Delete
NAME **BRAGA, LUCIANA**
STREET ADDRESS **2935 SW 22ND AVENUE, #102**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITILE **P** ☐ Delete
NAME **MARIANO, DOUGLAS**
STREET ADDRESS **2935 SW 22ND AVENUE, #102**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITILE **T** ☒ Change ☐ Addition
NAME **BRAGA, LUCIANA**
STREET ADDRESS **330 SE 2 AVE # C3**
CITY-ST-ZIP **DEERFIELD BEACH, FL-33441**

TITILE **P** ☒ Change ☐ Addition
NAME **MARIANO, DOUGLAS**
STREET ADDRESS **330 SE 2 AVE # C3**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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

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

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

TITILE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 (954) 788-4800

Date

Daytime Phone #

CR2E034 (10/02)