

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90170 001 13,493.75

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1. Entity Name
SPHS, INC.



Principal Place of Business
2295 CORPORATE BLVD NW
SUITE 222
BOCA RATON FL 33431

Mailing Address
2295 CORPORATE BLVD NW
SUITE 222
BOCA RATON FL 33431

JJJJJ103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0334476

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRICK, NORTON
2295 CORPORATE BLVD NW
SUITE 222
BOCA RATON FL 33431

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☐ Delete
NAME HERRICK, NORTON
STREET ADDRESS 2295 CORPORATE BLVD, NW
CITY-ST-ZIP BOCA RATON FL 33431

TITLE Vice President / S ☒ Change ☐ Addition
NAME Herrick, Norton
STREET ADDRESS 2295 Corporate Blvd, NW
CITY-ST-ZIP Boca Raton, FL 33431

TITLE VAS ☐ Delete
NAME HERRICK, HOWARD
STREET ADDRESS 2 RIDGEDALE AVE STE 370
CITY-ST-ZIP CEDAR KNOLLS NJ 07927

TITLE President / AS ☒ Change ☐ Addition
NAME Herrick, Howard
STREET ADDRESS 2 Ridgedale Ave., Ste. 370
CITY-ST-ZIP Cedar Knolls, NJ 07927

TITLE VAS ☐ Delete
NAME HERRICK, MICHAEL
STREET ADDRESS 2 RIDGEDALE AVE STE L370
CITY-ST-ZIP CEDAR KNOLLS NJ 07927

TITLE V/AS ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME KERMALLI, NISAR
STREET ADDRESS 2 RIDGEDALE AVE STE 370
CITY-ST-ZIP CEDAR KNOLLS NJ 07927

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/VP ☐ Change ☒ Addition
NAME Elayne Hennick
STREET ADDRESS 400 SE 5th Ave, PH1104
CITY-ST-ZIP Boca Raton 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)