

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V58422**

1. Entity Name

SES ASSOCIATES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90028 028 ***150.00

Principal Place of Business

Mailing Address

2840 WATERS EDGE CIR
 W PALM BEACH FL 33413
 US

2840 WATERS EDGE CIR
 W PALM BEACH FL 33413-2157
 US

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

65-0333589

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERST, SHARON
~~5358 BUCKHEAD CIR~~ 2840 Waters Edge Cir
 BOCA RATON FL 33486 W. Palm Beach, FL
 33413

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 Delete
 NAME **D GERST, SHARON**
 STREET ADDRESS **5358 BUCKHEAD CIR**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **2840 Waters Edge Circle**
 CITY-ST-ZIP **W. Palm Beach, FL 33413**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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:

Sharon Gerst, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

561-967-7272

Daytime Phone #

CR2E034 (9/99)