

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90147 032 ***150.00

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1. Entity Name
SHARON LEE INVESTMENT, CORP.

Principal Place of Business
318 WALNUT STREET APT 4
HOLLYWOOD FL 33019

Mailing Address
318 WALNUT STREET APT 4
HOLLYWOOD FL 33019

40018419



2. Principal Place of Business
332 WALNUT STREET

3. Mailing Address
332 WALNUT ST

Suite, Apt. #, etc.
2

Suite, Apt. #, etc.
2

CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

4. FEI Number 65-1119965

Applied For
Not Applicable

Zip
33019

Country

Zip
33019

Country

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

HAAKER, SHARON LEE
318 WALNUT STREET APT 4
HOLLYWOOD FL 33019

Name

Street Address (P.O. Box Number is Not Acceptable)
332 WALNUT ST #2

City
HOLLYWOOD

FL

Zip Code
33019

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 *Sharon L Haaker*

1-21-03

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 PD Delete
NAME HAAKER, SHARON L
STREET ADDRESS 318 WALNUT STREET APT 4
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE Change Addition
NAME
STREET ADDRESS 332 WALNUT ST #2
CITY-ST-ZIP HOLLYWOOD, FL 33019

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
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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
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: *Sharon L Haaker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

Daytime Phone #

CR2E034 (10/02)