

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90062 012 \*\*\*163.75

**DOCUMENT # 856635**

1. Entity Name  
**SANITY SAVER CAP COMPANY**

Principal Place of Business  
**1105 NORTH MARKET STREET, SUITE 1600**  
**POST-OFFICE BOX 2166**  
**WILMINGTON DE 19899**

Mailing Address  
**1105 NORTH MARKET STREET, SUITE 1600**  
**POST OFFICE BOX 2166**  
**WILMINGTON DE 19899**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**100 SUNRISE AVE**

3. Mailing Address  
**100 SUNRISE AVE**

Suite, Apt. #, etc.  
**APT. No. 203**

Suite, Apt. #, etc.  
**APT. No. 203**

City & State  
**PALM BEACH FL**

City & State  
**PALM BEACH FL**

4. FEI Number  
**51-0289331**

Applied For  
 Not Applicable

Zip  
**33480**

Country  
**USA**

Zip  
**33480**

Country  
**USA**

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

**MORRIS, IRVING**  
**C/O SUN AND SURF**  
**100 SUNRISE AVENUE**  
**PALM BEACH FL 33324**

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 *Irving Morris* **IRVING MORRIS** **TREASURER-DIRECTOR 2-8-02**  
Signature, type 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.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WAVE, LARRY E.</b> <b>419 N O ST</b> <b>LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WOODS, RICHARD S.</b> <b>1811 EVERGREEN DR</b> <b>W. PALM BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WOODS, CAROL</b> <b>1811 EVERGREEN DR.</b> <b>W. PALM BCH. FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MORRIS, IRVING</b> <b>1105 N MARKET ST #1600</b> <b>WILMINGTON DE</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Irving Morris* **IRVING MORRIS** **2-8-02** **833-5708**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E034 (9/01)