2001 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2001 8:00 am Secretary of State DOCUMENT # F9900001240 SADLER & ASSOCIATES, INC. 02-12-2001 90240 005 ***155.00 Mailing Address Principal Place of Business 9454 BEGONIA 9454 BEGONIA SANIBEL FL 33957 SANIBEL FL 33957 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For **59** 2000833 City & State City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SADLER, CHESTER Street Address (P.O. Box Number is Not Acceptable) 9454 BEGONIA SANIBEL FL 33957 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) □ Change ☐ Addition TITLE TITLE □ Delete SADLER, CHESTER J NAME NAME 9454 BEGONIA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE SADLER, SUSAN J NAME NAME 9454 BEGONIA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 report of the corporation or the report of the corporation of the corporation of the corporation of the corporation of the report of the

Tother like empowered

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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