

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90167 027 ***150.00

DOCUMENT # G04455

1. Entity Name
SARASOTA FINANCIAL SERVICES, INC.

Principal Place of Business 2447 BEE RIDGE ROAD SARASOTA FL 34239 US	Mailing Address 2447 BEE RIDGE ROAD SARASOTA FL 34239-6304 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4123 Bee Ridge Road	3. Mailing Address 4123 Bee Ridge Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sarasota, FL	City & State Sarasota, FL	4. FEI Number 59-2224987	Applied For <input type="checkbox"/> Not Applicable
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Zip 34233	Country US	Zip 34233	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHEIBNER, T R 2447 BEE RIDGE ROAD SARASOTA FL 34239		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4123 Bee Ridge Road City Sarasota FL Zip Code 34233	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHEIBNER, THOMAS		NAME	
STREET ADDRESS 4566 SPRING FLOWER COURT		STREET ADDRESS	
CITY-ST-ZIP SARASOTA, FL 00000		CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHEIBNER, REBECCA		NAME	
STREET ADDRESS 4566 SPRING FLOWER COURT		STREET ADDRESS	
CITY-ST-ZIP SARASOTA, FL 00000		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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: Rebecca L. Scheibner **Rebecca L. Scheibner** 4/27/00 941-922-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)