

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90922 003 ***150.00

DOCUMENT # P0000085493

1. Entity Name
SASCOM SYSTEMS, INC.

Principal Place of Business C/O THE BAMBOO DOJO 2111 14TH AVE VERO BEACH FL 32960	Mailing Address C/O THE BAMBOO DOJO 2111 14TH AVE VERO BEACH FL 32960
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8858 SOUTH US 1	3. Mailing Address 8858 SOUTH US 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ST LUCIE FL	City & State PORT ST LUCIE FL	4. FEI Number 65 1074438	Applied For <input type="checkbox"/> Not Applicable
Zip 34952	Country USA	Zip 34952	Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LASASSO, FRANK
 2111 14TH AVE
 VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name LASASSO, FRANK
Street Address (P.O. Box Number is Not Acceptable) 1322 BRIARWOOD DR
City PORT ST LUCIE FL
Zip Code 34986

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 _____

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, 2001 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 P	<input type="checkbox"/> Delete	TITLE D/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LASASSO, FRANK		NAME LASASSO, FRANK	
STREET ADDRESS 2111 14TH AVE		STREET ADDRESS 1322 BRIARWOOD DR	
CITY-ST-ZIP VERO BEACH FL 32960		CITY-ST-ZIP PORT ST LUCIE FL 34986	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" 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	
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)