## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P98000035902



**FILED** Feb 26, 2003 8:00 am Secretary of State

1. Entity Name SAMBRO, INC.			02-26-2003 90153 019 *	**150.00
Principal Place of Business 1886 S 14TH ST FERNANDINA BEACH FL 32034	Mailing Address PO BOX 1586 FERNANDINA BEACH	FL 32034		141 <b>0 (1</b> 87) (1881) (1881 (1881 (1881 (1881 (1881 (1881 (1881 (1881 (1881 (1881 (1881 (1881 (1881 (1881 (1881 (
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CH.	ANGES
City & State	City & State		4. FEI Number 50-3507345 Applied For	
Zip Country	Žip	Country	5. Certificate of Status Desired S8.	Not Applicable 75 Additional
6. Name and Address of Curre	ent Registered Agent			Required
POOLE, WESLEY R 303 CENTRE STREET SUITE 200		Name	s (P.O. Box Number is Not Acceptable)	1
FERNANDINA BEACH FL 32034		City	FL   <sup>z</sup>	Zip Code
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.0  Make Check Payable to Florida Department	gent and title if applicable.	(NOTE: Registered Agent signature requi	red when reinstating)  DATE  9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
F <sub>2</sub>	ND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TOLLISON, HUGH K POST OFFICE BOX 1586 FERNANDINA BEACH FL 3203:	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 11 Change
NAME STREET ADDRESS CITY-ST-ZIP  STD TOLLSON, SAMMIE S POST OFFICE BOX 1586 FERNANDINA BEACH FL 32033	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	□ c	hange [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ c	hange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ C	hange
title Name Street address	☐ Delete	TITLE NAME STREET ADDRESS	□ CI	nange

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

1904) 261-8900